



# The Global Quality Landscape: A systems approach to improving QOC using MNCH as a pathfinder

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“The success of UHC depends on all people having access to evidence-based care that is safe, effective and people-centred.

**Without quality, there is no UHC.”**

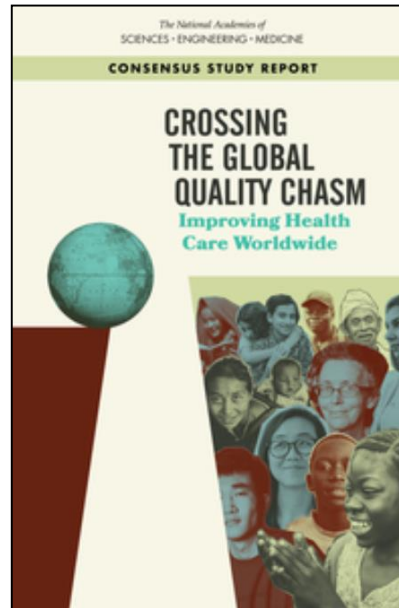
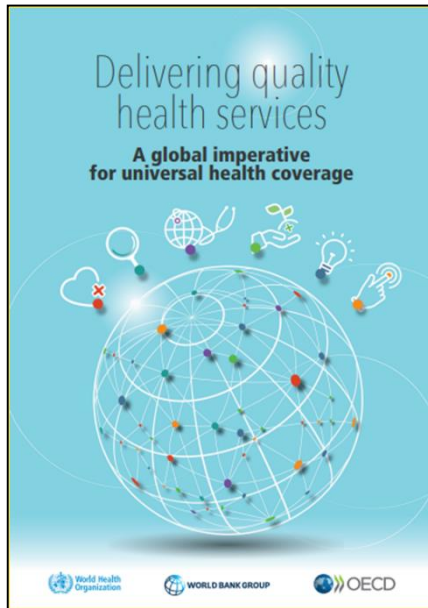
**Dr Tedros Adhanom Ghebreyesus  
WHO Director-General**





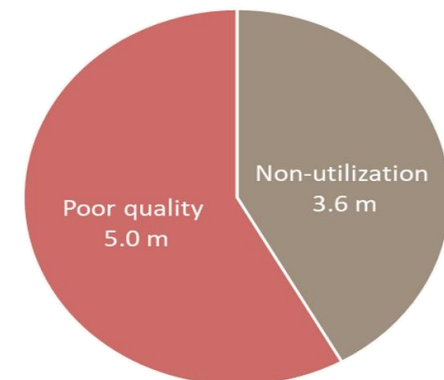
# 1. THE CASE FOR QUALITY

# 2018 - Affirming quality for impact

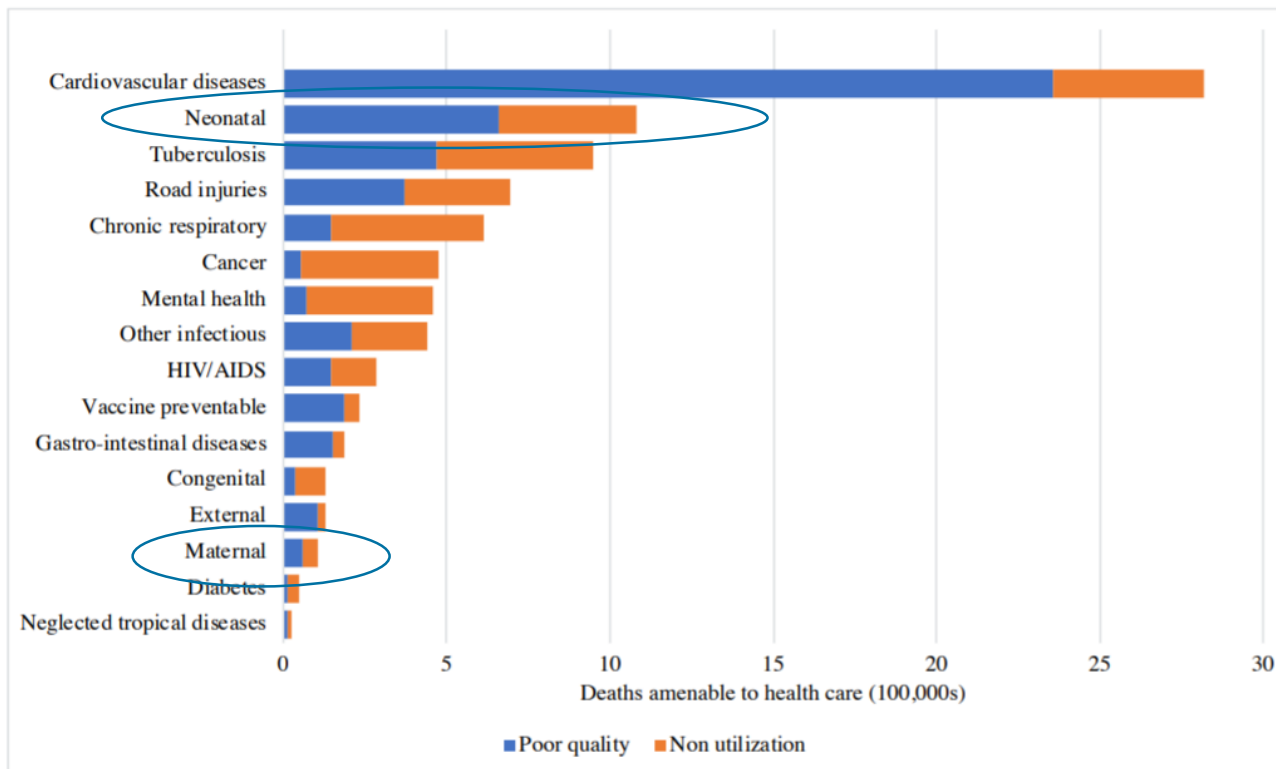


# Deaths due to poor quality

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.
- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.
- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received poor quality care.



# Quality plays major role across conditions





# Provision of Care is Poor

Poor quality of primary care: **<50% providers adhered to evidence-based** treatment

Hospitals are unsafe: **134 million adverse events occur in LMIC** hospitals each year, contributing to 2.5 million deaths annually.

Even in high-income countries: **1 in 10 patients is harmed** while receiving health care;

LMI countries: **40% health care facilities lack running water. 20% health care lack sanitation**



# Patient Experience of Care is Poor

- **1/3 patients experience disrespectful care**, short consultations, poor communication, or long wait times (HQSS).
- **Less than 1/4 of people in LMICs believe that their health system works well** (vs 1/2 in high-income countries) (HQSS)
- **Women experience abuse, lack of respectful compassionate care**, and exclusion from care decision-making during childbirth.



# Overuse and Waste is Rife

- **20–40% of all health sector resources are wasted:** inappropriate medicine use, suboptimal human resources mix, overuse or oversupply of equipment, corruption, and underuse of infrastructure (WHO)
- Costs of lost productivity alone amount to between \$1.4 and \$1.6 trillion each year (NASEM) or **economic welfare losses of \$6 trillion (HQSS)**



**2. THE RESPONSE:  
WHAT IT TAKES TO DEVELOP  
AND STRENGTHEN QUALITY  
HEALTH SYSTEMS?**

# Quality of care is...

"...the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge."

US Institute of Medicine



Utilization x **Quality** = Health

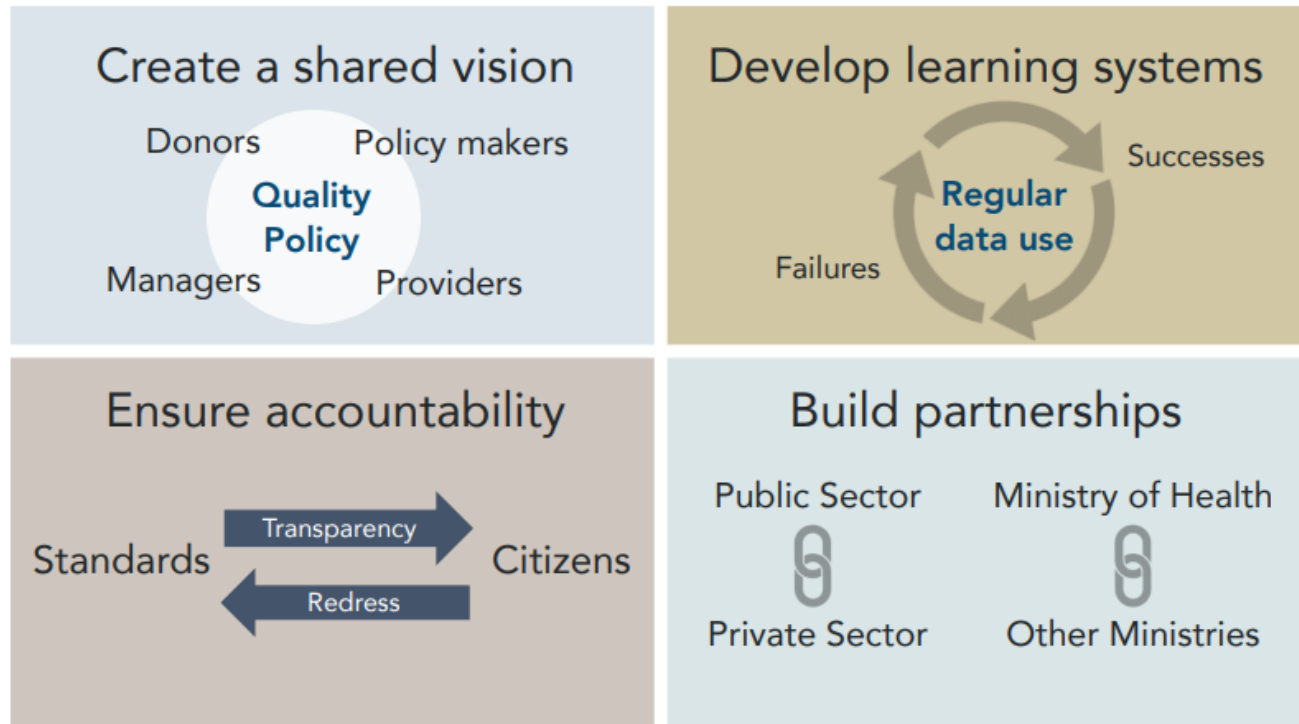
HQSS<sup>7</sup> The Lancet Global Health  
Commission on  
High Quality Health Systems  
in the SDG Era

- Improving quality implies change
- Quality is multi-dimensional
- Quality is the product of individuals working with the right attitude in the right system

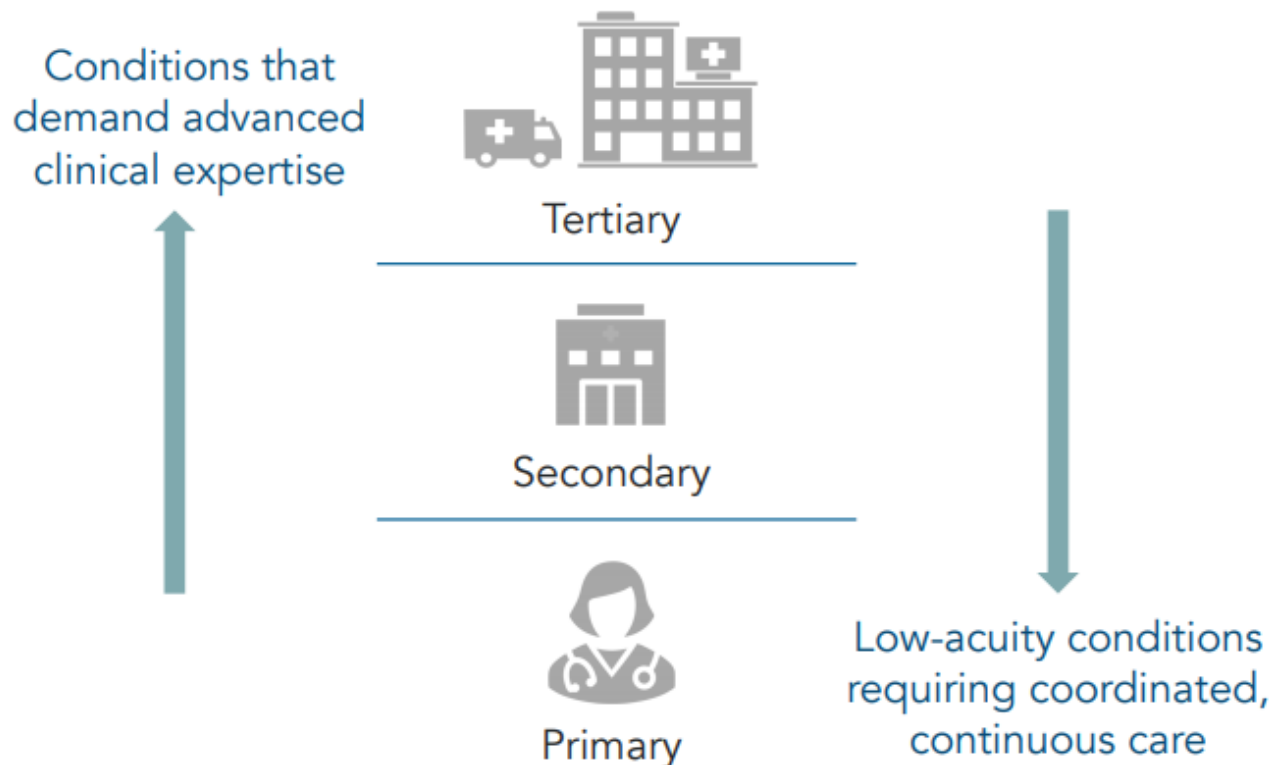


World Health  
Organization

# 1. Govern for quality



## 2. Redesign service delivery to maximize outcomes; involve other sectors



### 3. Transform health workforce

Strengthen  
health  
professional  
education

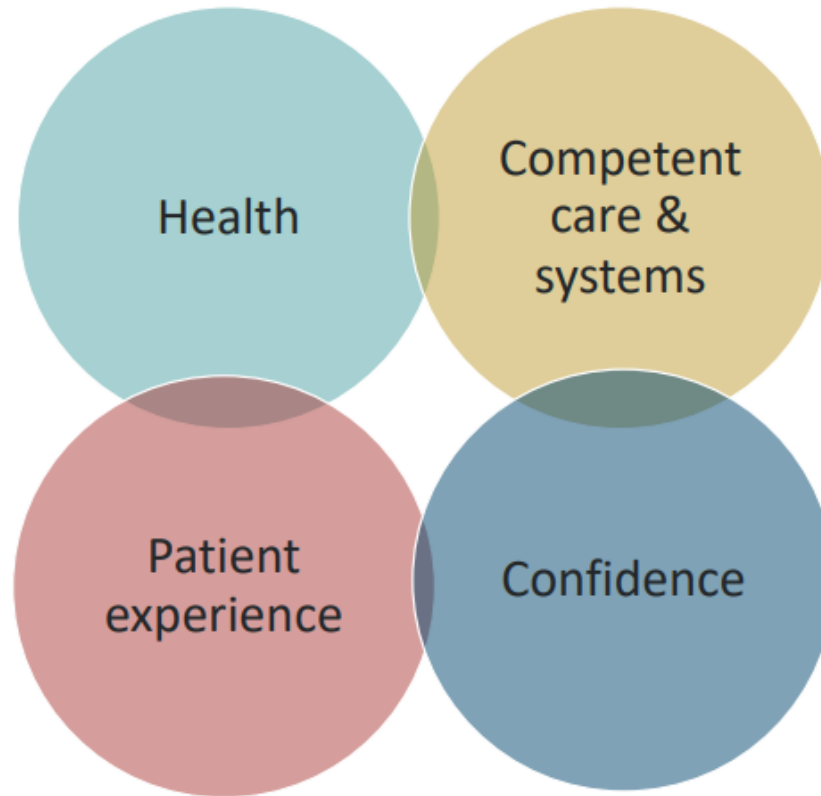
Build an  
enabling work  
environment  
beyond  
graduation



## 4. Ignite demand for quality care



## 5. Measure what matters, efficiently, and transparently







# **3. QUALITY AND MNCH**

# The vision

**“Every woman, newborn, child and adolescent receives quality health services throughout the continuum of their life course and level of care”**

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www.bjog.org

Commentary

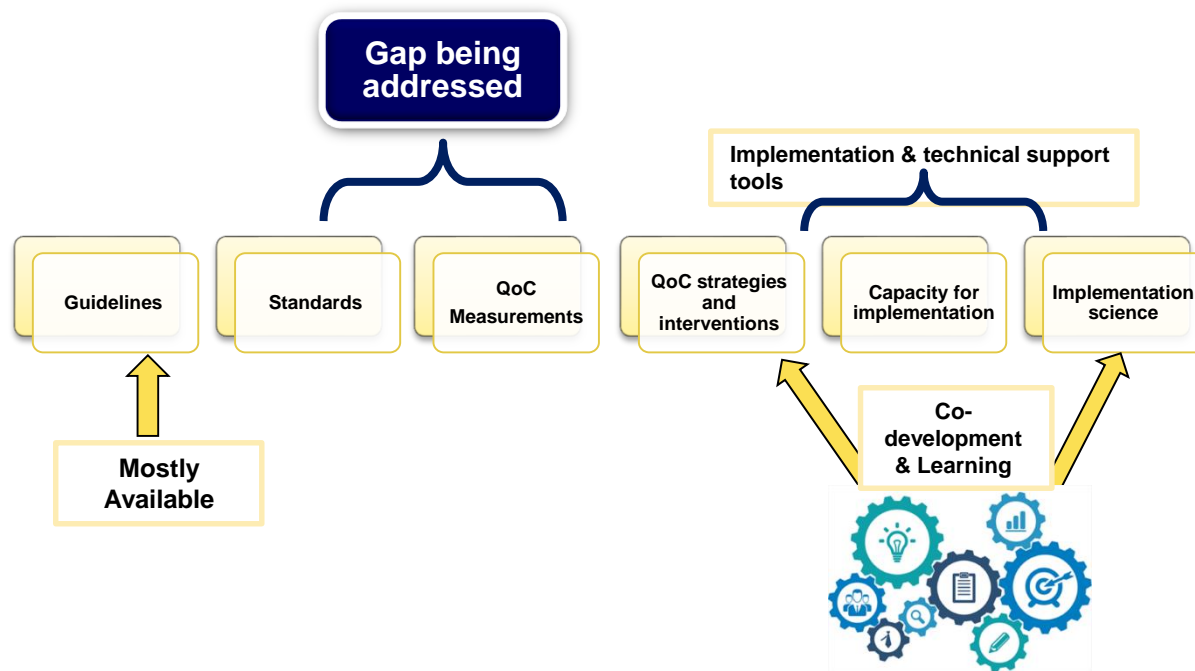
## Quality of care for pregnant women and newborns—the WHO vision

Ö Tunçalp,<sup>a</sup> WM Were,<sup>b</sup> C MacLennan,<sup>b</sup> OT Oladapo,<sup>a</sup> AM Gülmezoglu,<sup>a</sup> R Bahl,<sup>b</sup> B Daelmans,<sup>b</sup> M Mathai,<sup>b</sup> L Say,<sup>a</sup> F Kristensen,<sup>c</sup> M Temmerman,<sup>a</sup> F Bustreo<sup>c</sup>

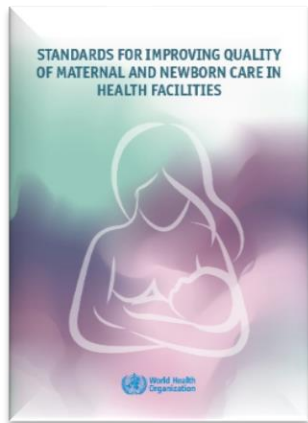


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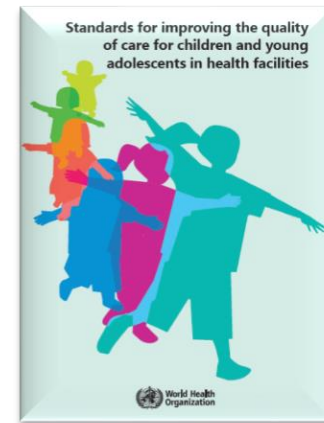
# Strategic work areas to support MNCAH quality of care



# Quality of care framework for MNCH standards



2016



2018



## 4. ONWARDS TO ACTION

# What drives the Network

## Vision

Every pregnant woman and newborn infant receives **quality** care throughout pregnancy, childbirth and the postnatal period, with **equity** and **dignity**

## Goal

Reduce maternal and newborn deaths and stillbirths in participating health facilities by 50% over five years, and improve experience of care



# Strategic Objectives: A pathway to implementation



Leadership

**LEADERSHIP:** Build and strengthen national institutions and mechanisms for improving quality of care in the health sector



Action

**ACTION:** Accelerate and sustain implementation of quality of care improvements for mothers and newborns



Learning

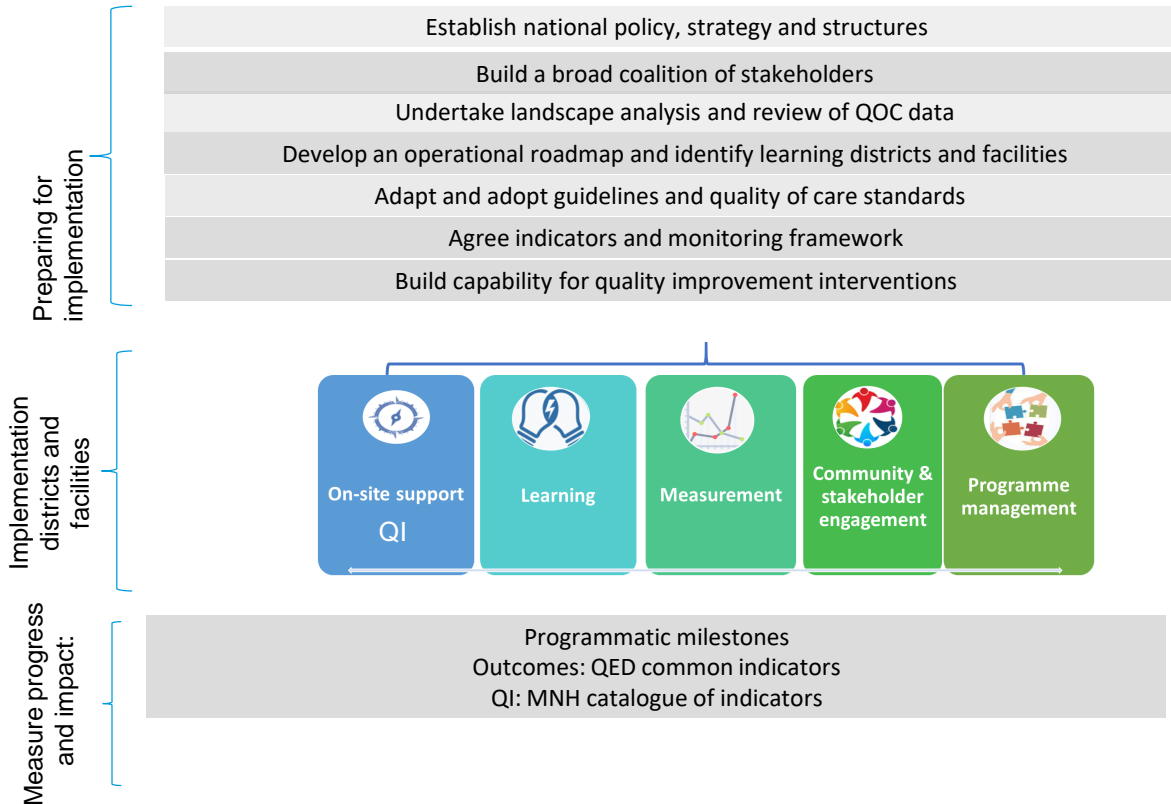
**LEARNING:** Facilitate learning, share knowledge and generate evidence on quality of care



Accountability

**ACCOUNTABILITY:** Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care

# Country implementation approach





# Actions for quality at the national, district and service delivery levels: MNCH as a pathfinder



Good quality care for women, newborns and children:  
50% reduction in mortality and improved experience of care

Right staff enabled to deliver the right care in the right way at the right time



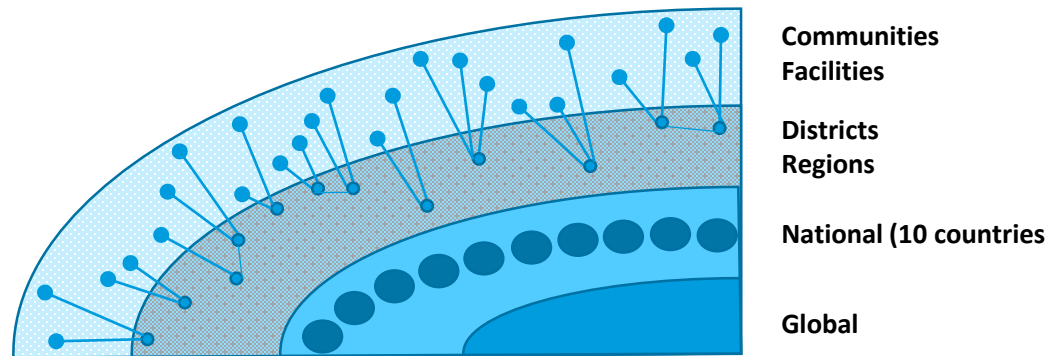
Patient, family and community engagement and empowerment

Facility level quality interventions to reduce harm and improve quality of care

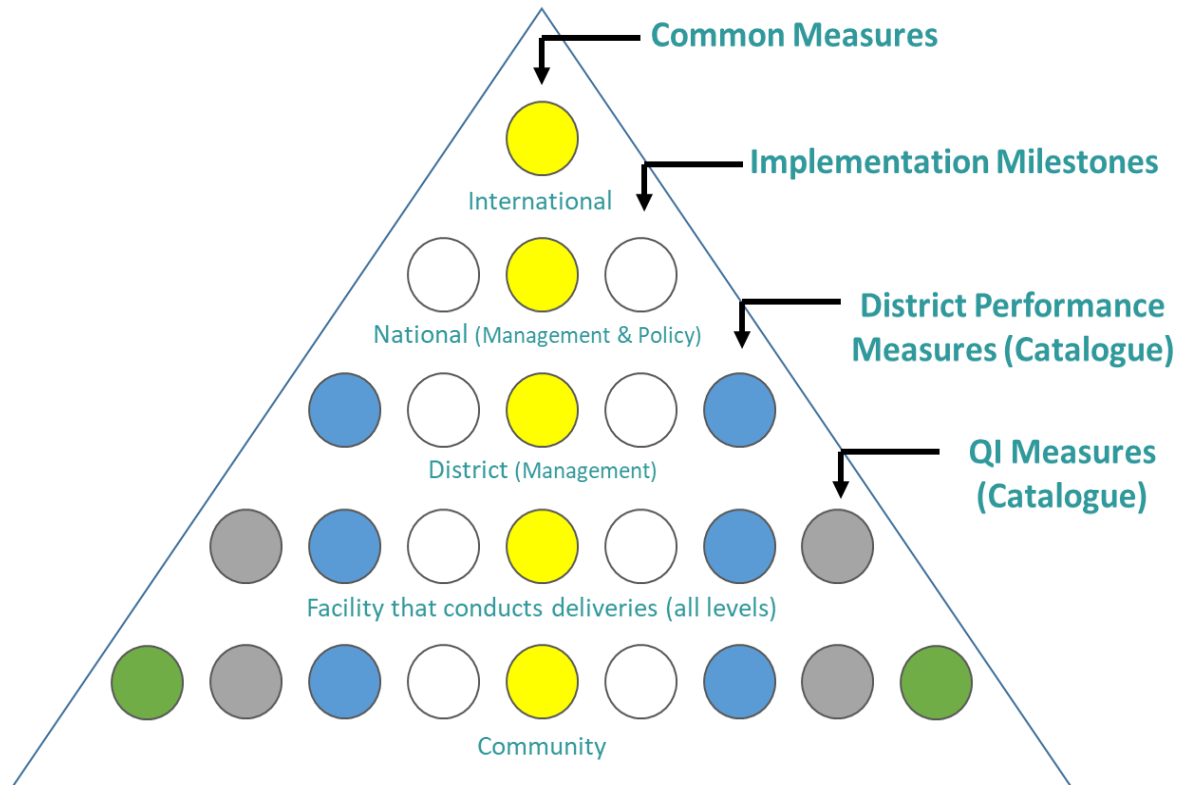
Quality interventions to improve the system's ability to deliver good quality care

Policies, strategies, structures to support quality of care for MNCH

# Create a QoC Learning Network within and between Countries



# QoC Data Collection




# Three families of indicators




**1**

A catalogue of  
facility level QI  
indicators




**2**

A subset of  
indicators for  
routine  
monitoring of  
QoC



**3**

Programme  
management  
indicators



# Three families of indicators

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## 1 Catalogue of facility level QI indicators

- Flexible menu of prioritized indicators (not prescriptive) linked to WHO quality statements in eight standards
- For use by QI teams (at facility level) to support rapid improvement of specific care processes and health outcomes
- May require purpose built data collection systems (e.g. checklist, column added to registers).

# Three families of indicators

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## 2 Subset of indicators for routine monitoring of QoC

- Prioritized **input, process and outcome** indicators suitable for routine monitoring and integration into HMIS or DHIS2

# Three families of indicators

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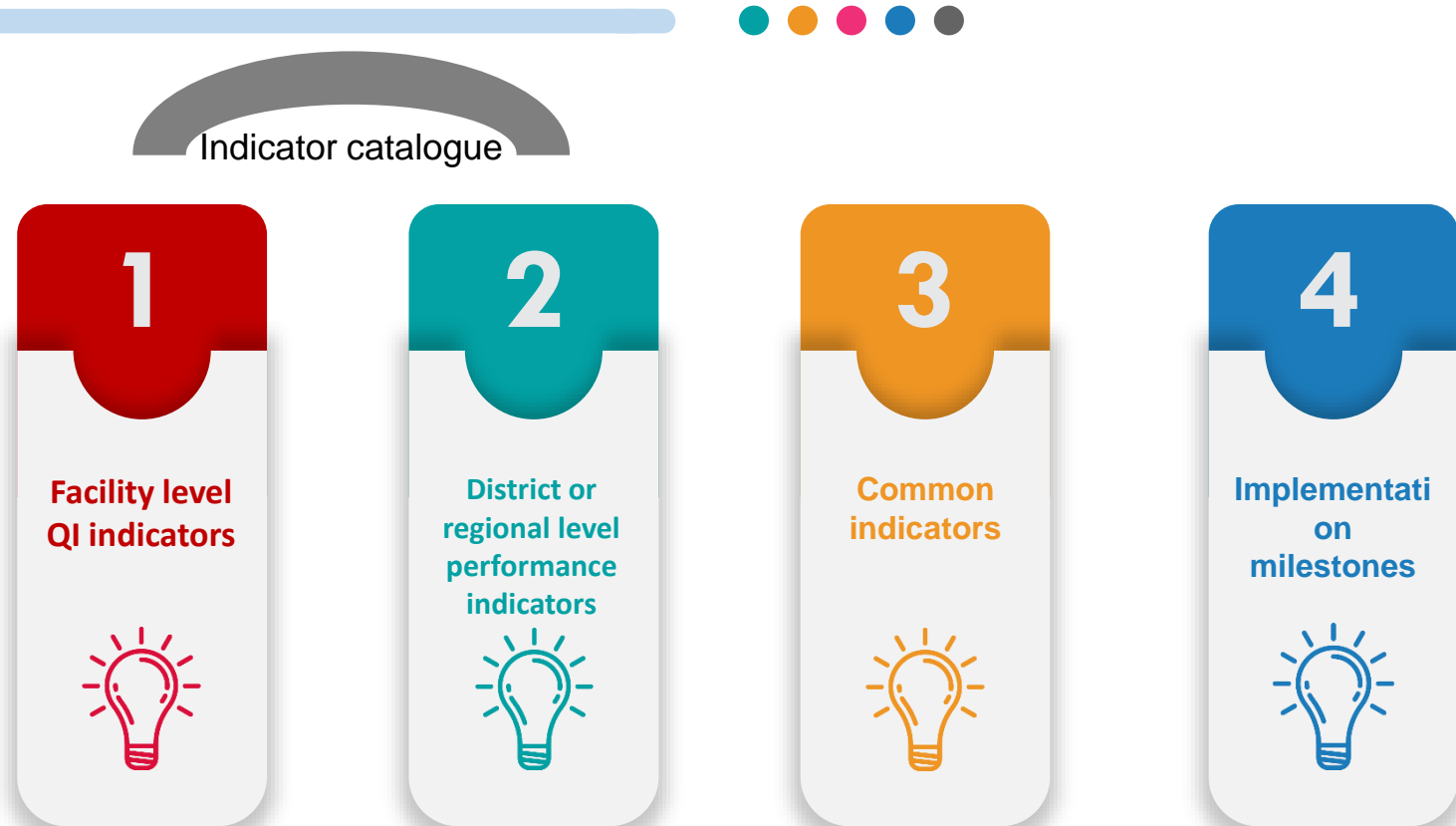
3

Programme management indicators or implementation milestones

- Track whether the QoC programme is being implemented as intended



# Four components of the QED monitoring framework





## Annex 1. Common Indicators for Monitoring Across Network Countries – Based on Consultations with Country and Global Stakeholders in 2017

Indicator	Operational Definition	Numerator	Denominator	Data Source	Frequency of Data Collection
1 Pre-discharge Maternal deaths	Number of women who delivered in the facility and died prior to discharge	Number of women who delivered in the facility and died prior to discharge	N/A (count indicator)	HMIS/facility register	Monthly
2 Maternal deaths by cause (pre-discharge)	Number of institutional pre-discharge maternal deaths by cause (ICD-MM)	Number of maternal deaths by cause (ICD-MM) among women who delivered in the facility and died prior to discharge	N/A	HMIS/facility register	Monthly
3 Neonatal deaths by cause (pre-discharge)	Number of institutional pre-discharge neonatal deaths (28 days or less) by cause (ICD-PM)	Number of neonatal deaths by cause (ICD-PM) among babies born live in the facility who die prior to discharge from the facility (up to 28 days of completed life). This excludes readmission for illness.	N/A	HMIS/facility register	Monthly
4 Institutional stillbirth rate (disaggregated by fresh and macerated)	Percentage of babies born in a health facility with no signs of life at birth	Number of babies delivered in a facility with no signs of life and born weighing at least 1000 grams or after 28 weeks of gestation, per 1000 births (alive or dead at birth)	Number of babies born in the facility (live and stillbirth)	HMIS/facility register	Monthly
5 Pre-discharge neonatal mortality rate	Percentage of babies born live in a facility who die prior to discharge rate	Number of babies born live in a facility who die during the first 28 of completed days of life and die prior to discharge from the facility, per 1000 live births in a given year or period	Number of babies born in the facility (live and stillbirth)	HMIS/facility register	Monthly
6 Obstetric case fatality rate (disaggregated by direct and indirect causes when possible)	Percentage of women who delivered at the facility and experienced complications (regardless of time of onset) and died from these complications before discharge	Number of women who delivered at the facility and experienced complications (regardless of time of onset) and died from these complications before discharge (obstetric and non-obstetric complications)	Number of women who delivered at the facility and experienced complications (obstetric and non-obstetric)	HMIS/facility register	Monthly
7 Pre-discharge counselling for mother and baby	Proportion of women who received pre-discharge counselling for the mother and the baby in a given period	Number of women who received pre-discharge counselling for the mother and the baby in a given period (for minimum elements)	Number of women who delivered at the facility	Client questionnaire (sample of women) (e.g. exit interview)	Quarterly
8 Companion of choice	Proportion of women who wanted and had a companion supporting them during [labour] [childbirth] in	Number of women who wanted and had a companion supporting them during [labour] [childbirth] in the health facility	Number of women who wanted a companion during	Client questionnaire (sample of women)	Quarterly

Indicator	Operational Definition	Numerator	Denominator	Data Source	Frequency of Data Collection
9	Women who experienced physical or verbal abuse in labour, childbirth or postpartum period  (Physical abuse includes: slapped, pinched or punched by a health worker or other facility staff. Verbal abuse includes: shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff.*)	Number of women who report physical or verbal abuse during labour or childbirth	Number of women interviewed	Client questionnaire (sample of women) (e.g. exit interview)	Quarterly
10	Newborns breastfed within one hour	Number of babies born alive in a facility who are breastfed within one hour of birth	Number of babies born alive in the facility	HMIS/facility register	Monthly
11	Immediate postpartum uterotonic for PPH prevention	Number of women who gave birth in a facility who received a prophylactic uterotonic immediately after birth (ideally within one minute) for prevention of PPH	Number of women who gave birth in the facility	HMIS/facility register	Monthly
12	Newborns with birthweight documented	Number of babies born (live births and stillbirths) in a facility with documented birthweight	Total number of babies born in the facility (live births and stillbirths)	HMIS/facility register	Monthly
13	Premature babies initiating KMC	Number of newborns weighing $\leq 2000$ grams who are initiated on KMC (or admitted to KMC unit if separate unit exists)	Total number of newborns weighing $\leq 2000$ grams	HMIS/facility register	Monthly
14	Basic hygiene provision	Number of QED facilities in which [all] [at least one] delivery room(s) have at least one functional handwashing station with water and soap available	Number of QED facilities assessed	Facility survey (e.g. district supervision)	Quarterly
15	Basic sanitation available to women and families	Number of QED facilities with basic sanitation available for women during and after labour and childbirth (clean running water, waste disposal facilities, toilets and sanitation material for women)	Number of QED facilities assessed	Facility survey (e.g. district supervision)	Quarterly

\*Physical and verbal abuse questions based on WHO multicountry study and validation of survey questions.

HMIS: health management information system; ICD-MM: WHO application of ICD-10 to deaths during pregnancy, childbirth, and puerperium; ICD-PM: WHO application of ICD-10 to deaths during the perinatal period; KMC: kangaroo mother care; N/A: not applicable; PPH: postpartum haemorrhage; QED: Quality of Evidence; QED: Quality of Evidence.

# Timeline: The Network for Improving Quality of Care (QoC) for Maternal, Newborn & Child Health (January 2016–March 2019)

**JANUARY 2016**

- First draft implementation guidance
- Effective implementation interventions proposed

**JUNE 2016**

- Orientation on QoC standards & implementation science
- Rapid mapping of QoC situation in selected countries

**AUGUST 2016**


Official launch of the WHO standards for improving quality of maternal and newborn care in health facilities

**OCTOBER 2016**

Governments of nine pathfinder countries initiate engagement at the national level and prepare to join the Network

- Bangladesh
- Côte d'Ivoire
- Ethiopia
- Ghana
- India
- Malawi
- Nigeria
- Uganda

**MARCH 2018**

### Countries leading implementation:

- Preparations for learning district orientation
- Defining national QoC improvement packages
- Development of monitoring framework

**DECEMBER 2017**

### Action:

From roadmaps to implementation (Dar es Salaam meeting)

### Sierra Leone joins the Network

**From March 2017 and through 2018**

### Network working groups:

- Implementation methods
- Monitoring
- Advocacy for Quality, Equity, Dignity

### Webinar series:

- Series 1: Point of care quality improvement for maternal and newborn health
- Series 2: Quality of Care Country Highlights
- Series 3: Water, sanitation and hygiene for improved quality of care

### Countries:

- Roadmaps developed
- Structures galvanized
- Preparation for implementation



[www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org)

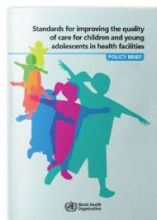
**FEBRUARY 2017**

### Launch of the Network in Lilongwe



### Leadership:

- Joint statement, 14 February 2017
- Network strategic objectives of Leadership, Action, Learning, Accountability

**APRIL 2018**


- WHO standards for improving quality of care for children and young adolescents in health facilities

### Learning:

- Developing national learning systems to support delivery of QoC (Entebbe meeting)

**SEPTEMBER 2018**

### Start of the Quality Talks podcast



Stories of healthcare professionals who are experienced in running and managing quality of care initiatives, whether at a very small scale or country-wide

<https://quality-talks.blubrry.net/>

**NOVEMBER 2018**

### Capability development of country teams

- Orientation workshop for technical resource persons supporting implementation
- Forge a common understanding & approach in setting-up, facilitating and monitoring implementation
- Harvest learning for scaling up of quality of care in the Network countries

**MARCH 2019**

### 2nd Meeting of the Network for Improving Quality for Maternal, Newborn and Child Health:

### Accountability:

- Demonstrating accountability and learning from implementation
- Country data
- Learning

# 10 countries journey towards QoC for MNCH (as of March 2019)



Implementation milestones		Key: ● completed ● in progress ● not started or incomplete ● no data									
National leadership for quality of care (QoC)	Bangladesh	Côte d'Ivoire	Ethiopia	Ghana	India	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda	
Supportive governance policy and structures developed or established	●	●	●	●	●	●	●	●	●	●	
QoC for maternal and newborn health (MNH) roadmap developed and being implemented	●	●	●	●	●	●	●	●	●	●	
Learning districts and facilities selected and agreed upon	●	●	●	●	●	●	●	●	●	●	
QoC implementation package developed	●	●	●	●	●	●	●	●	●	●	
Adaptation of MNH QoC standards	●	●	●	●	●	●	●	●	●	●	
<b>Action: Learning sites identified and prepared</b>											
Orientation of learning districts and facilities	●	●	●	●	●	●	●	●	●	●	
District learning network established and functional (reports of visits)	●	●	●	●	●	●	●	●	●	●	
QoC coaching manuals developed	●	●	●	●	●	●	●	●	●	●	
Quality improvement (QI) coaches trained	●	●	●	●	●	●	●	●	●	●	
On-site coaching visits occurring in learning districts	●	●	●	●	●	●	●	●	●	●	
<b>Learning and accountability: QoC MNH measurement</b>											
QoC for MNH baseline assessment completed	●	●	●	●	●	●	●	●	●	●	
Common set of MNH QoC indicators agreed upon for reporting from the learning districts	●	●	●	●	●	●	●	●	●	●	
Baseline data for MNH QoC common indicators collected	●	●	●	●	●	●	●	●	●	●	
Common indicator data collected, used in district learning meetings, and reported upwards	●	●	●	●	●	●	●	●	●	●	
Identification and agreement with an academic or research Institution to facilitate documentation of lessons learned in the implementation of QoC activities	●	●	●	●	●	●	●	●	●	●	
<b>Accountability and community engagement</b>											
Mechanism for community participation integrated into QoC planning in learning districts	●	●	●	●	●	●	●	●	●	●	



**Resources to  
support QOC for  
MNCH  
implementation  
as pathfinder  
for health  
systems  
strengthening**

MNH QOC standards, Pediatric QOC standards

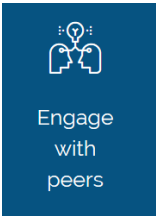
QoC implementation guidance and related tools

QoC monitoring guidance, QoC MNH common indicators, catalogue of QI indicators

QOC interventions toolkit

<http://www.qualityofcarenetwork.org/>

# Get involved



[www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org)

Quality of Care Network  
A Network for Improving Quality of Care  
for Maternal, Newborn & Child Health  
Updates — May 2019



Website of the Network for Improving Quality of Care for Maternal, Newborn and Child Health [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org)

Community of Practice for Quality of Care

Request to join: through the website: [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org) or directly [bit.ly/CoPregister](https://bit.ly/CoPregister)

Quality Talks podcast on Apple podcast, Google Play, Spotify

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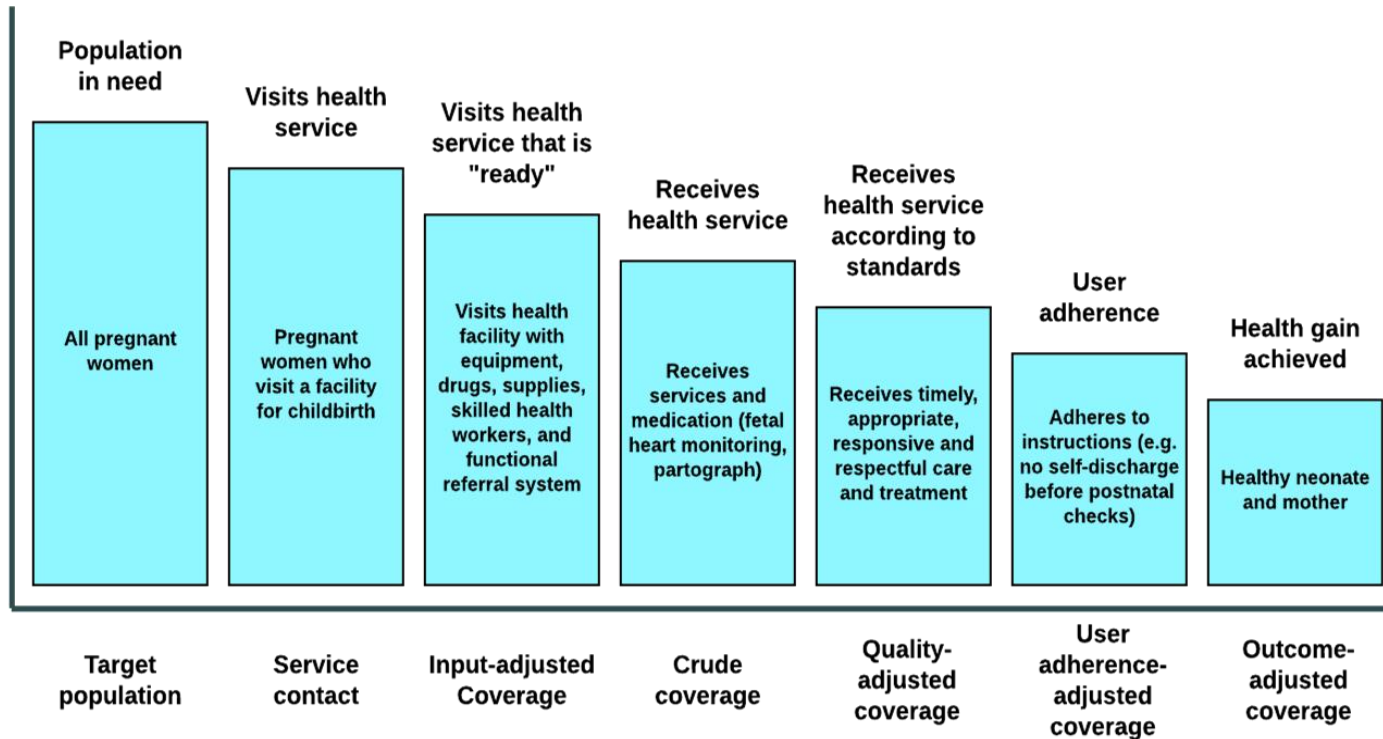
Monthly updates (subscribe on [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org))

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# Thank You

# Measuring health system quality using effective coverage care cascades



Effective coverage care cascade for routine childbirth care