



Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



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NETWORK FOR IMPROVING QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH

Introduction

The past two decades have been marked by substantive progress in reducing maternal and child deaths. Yet progress has often been slow to reach those who need it most (1). Provision of quality care is uneven, often failing to respect the rights and dignity of those who seek it. This hampers health outcomes for women, children and communities, and impedes our progress in ending preventable deaths by 2030, as agreed by the *Every Woman Every Child Global strategy for women's, children's and adolescents' health* (2).

In order to reduce preventable maternal and newborn deaths and stillbirths, nine countries – supported by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and partners from all stakeholder groups – are launching a Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network). The Network aims to support every pregnant woman, newborn and child with good-quality care in health services, halving maternal and newborn deaths and stillbirths in health-care facilities within five years in the nine participating countries (3).

Photo: A mother with her newborn baby recovers in a postnatal ward at the Shakawe clinic in the village of Shakawe in Botswana, in November 2010. ©UNICEF/Nesbitt

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Global targets for ending preventable maternal and newborn mortality and stillbirths by 2030 (4)

- Every country should reduce its maternal mortality ratio by at least two thirds from the 2010 baseline, and no country should have a ratio higher than 140 deaths per 100,000 live births – a number twice the global target.
- Every country should have a national neonatal mortality rate of less than 12 per 1000 live births and a stillbirth rate (5) of less than 12 per 1000 total births.
- The global average target maternal mortality ratio is less than 70 maternal deaths per 100,000 live births.
- The global neonatal mortality rate milestone will be 9 per 1000 live births and stillbirth rate 9 per 1000 total births.

The Quality of Care Network will support countries in achieving their targets agreed under the Sustainable Development Goals (SDGs) to end preventable maternal, newborn and child deaths, and stillbirths, and to work towards universal health coverage.

Improving quality of care at birth

Quality of care is defined as, “the extent to which health care services provided to individuals and patient populations improve desired health outcomes.” In order to achieve this, health care needs to be safe, effective, timely, efficient, equitable and people-centred. Quality of care is a key component of the right to health, and the route to equity and dignity for women and children. In order to achieve universal health coverage, it is essential to deliver health services that meet quality criteria.

In 2016, WHO published standards for improving the quality of maternal and newborn care in health-care facilities (6). The standards place people at the centre of the care by improving both the provision of, and patients’ experience of, health care; they are a critical part of strengthening health systems.

Quality provision of care for pregnant women and newborns in health-care facilities requires competent and motivated health-care professionals and the availability of essential physical resources, such as clean water, essential medicines, equipment and supplies. In addition, evidence-based practices for routine and emergency care require functional referral systems between levels of care, as well as information systems that enable review and audit to take place.

Essential components of quality care (7)

- *Safe*: delivering health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors.
- *Effective*: providing services based on scientific knowledge and evidence-based guidelines.
- *Timely*: reducing delays in providing/receiving health care.
- *Efficient*: delivering health care in a manner that maximizes resource use and avoids wastage.
- *Equitable*: delivering health care that does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.
- *People-centred*: providing care that takes into account the preferences and aspirations of individual service users and the cultures of their communities.

Experience of quality care requires effective communication – a woman (or her family if required) should feel that she understands what is happening to her and her baby and what to expect, and knows their rights. Both a woman and her baby should receive care with respect and dignity, and a woman and her family should have access to the social and emotional support of their choice.

Community engagement is also central to improving quality of care. The perspectives of women, their families and communities, on the quality of services influence their decisions to seek care. Engagement of facility service providers with the communities they serve – so that they can understand their expectations, build trust and engage them in the process of delivery – is an essential component for creating demand for and access to quality maternal and newborn services.

National leadership for quality of care

The Network for Improving Quality of Care for Maternal, Newborn and Child Health will bring together countries and implementing partners to deliver the vision that “Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods” (8). This vision is underpinned by the core values of “quality”, “equity” and “dignity” (QED).

The Quality of Care Network is led initially by nine countries already spearheading efforts to improve quality of care in health services: Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania and Uganda. Under the leadership of the ministries of health, the Quality of Care Network will support implementation of national plans for quality improvement and pursue four strategic objectives:

1. Build and strengthen national institutions and processes for improving quality of care in the health sector
2. Accelerate and sustain implementation of quality-of-care improvement packages for mothers, newborns and children

3. Facilitate learning, knowledge sharing and generation of evidence on quality planning, improvement and control
4. Develop, strengthen and sustain institutions and methods for accountability for quality of care.

The Quality of Care Network, through a global Learning Platform, is building a community of health practitioners from the facility level and up to develop evidence-based, yet context-specific, strategies for improvement of quality of care, to harvest implementation ideas, and to assemble the considerable information and experience that already exist for local adaptation.

Together for quality, equity and dignity

Supporting the *Every Woman Every Child* movement, all partners have a role to play in improving quality of care. Through country-level and global advocacy for quality, equity and dignity, a broad range of stakeholders will be engaged to deliver the vision of quality of care and support the Quality of Care Network. QED efforts will build on and leverage the important work of partners committed to the *Every Woman Every Child Global strategy for women’s, children’s and adolescents’ health* and its targets to end preventable maternal, newborn and child mortality and stillbirths (9,10). Taking a fully integrated approach, the Quality of Care Network recognizes the need to consolidate and align all partners behind country leadership.

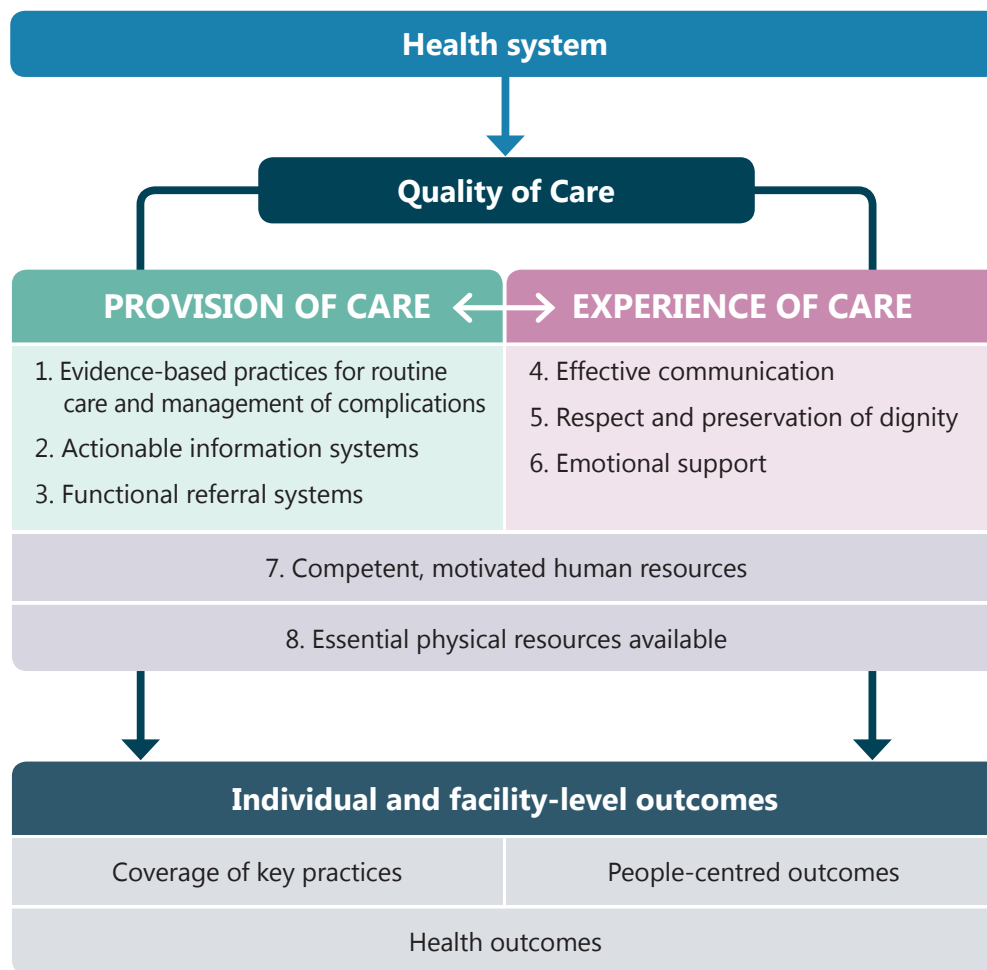
Together, we have the knowledge and the opportunity to end preventable deaths by taking bold action on quality, equity and dignity for every woman, every newborn and every child.

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Fig. 1. Conceptual framework for quality maternal and newborn care



Notes and references:

1. WHO estimates that every year, 303,000 mothers and 2.7 million newborn infants die around the time of childbirth, and many more are affected by preventable illness. A further 2.6 million babies are stillborn each year. (World Health Statistics 2016. Monitoring health for the SDGs. Geneva: World Health Organization; 2016. http://who.int/gho/publications/world_health_statistics/2016/EN_WHS2016_TOC.pdf)
2. Global strategy for women's, children's and adolescents' health (2016–2030). New York: Every Woman Every Child, Executive Office of the United Nations Secretary General; 2015.
3. In its first phase, the Quality of Care Network will focus on care around the time of childbirth and the immediate postnatal period, but its scope will gradually expand to cover the broader continuum of care as well as additional countries.
4. Sustainable Development Goals (SDGs). New York: United Nations; 2015. <https://sustainabledevelopment.un.org>
5. The stillbirth target was agreed by all WHO Member States in the 2014 Every Newborn Action Plan.
6. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 (http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/, accessed 30 January 2017).
7. Committee on Quality of Health Care in America Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press; 2001 (<http://www.nap.edu/books/0309072808/html/>, accessed 31 January 2017).
8. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gulmezoglu AM, Bahl R, Daelmans B, Mathai M, Say L, Kristensen F, Temmerman M, Bustreo F. Quality of care for pregnant women and newborns—the WHO vision. *BJOG* 2015;122:1045–1049.
9. WHO and UNICEF. Every newborn: an action plan to end preventable deaths. Geneva: World Health Organization; 2014. <http://www.everynewborn.org>
10. WHO. Strategies toward ending preventable maternal mortality (EPMM). Geneva: World Health Organization; 2015. http://who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/ accessed 31 January 2017).