Ministry of Health

SPEECH BY

THE MINISTER OF HEALTH,
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AT

THE LAUNCH OF THE GLOBAL
NETWORK TO IMPROVE THE QUALITY
OF CARE FOR MOTHERS, NEWBORNS
AND CHILDREN

BINGU INTERNATIONAL
CONVENTION CENTRE
It is my singular honour to preside over this event as we launch the Global Network to improve the Quality of Care for the nine first wave countries.
Indeed it is an honour for Malawi and the Ministry of Health to host the launch of the Global network to improve quality of care for mothers, newborns and children. I am informed that the first wave of the network has nine countries that are already spearheading quality of care improvement through government-led plans and initiatives. The countries are Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania and Uganda. It is very pleasing for me because Malawi is amongst the first wave countries and part of this historic network.

Distinguished Ladies and Gentlemen, on behalf of the nine first wave countries, I stand here to welcome the establishment of this network to improve Quality of care for maternal, newborn and child health. The Quality of Care Network whose objectives include:

Reduction of maternal and newborn mortality and stillbirths in all the participating health facilities by 50% over five years;

Reduction of avoidable morbidity targeting a 50% reduction in severe post-partum haemorrhage and neonatal sepsis; and
Improving the experience of care;

will provide a platform to accelerate action, foster joint learning and generate evidence of best practices among countries.

Ladies and gentlemen, you are aware that globally the rate of skilled care at childbirth has increased from 58% in 1990 to 73% in 2013; It is sad to note that it is still not sufficient and convincing the pace at which we are working in reducing maternal and newborn mortality and morbidity. Mothers and newborns continue to die from preventable causes, such as blood loss, high blood pressure, obstructed labour, complications of pre-term birth, asphyxia and infection, even when they are in the care of health services. Health facilities often struggle to provide the rapid emergency care needed to manage maternal complications and care for sick newborn. Some common causes include inadequate or unhygienic infrastructure; lack of competent, motivated staff; unavailability of medicines; poor compliance to evidence-based clinical interventions and practices; and poor documentation and failure to use data and information for decision making.
Improving quality of care and patient safety are therefore critical if we want to accelerate reductions in maternal and newborn mortality. This calls for teamwork, person-centred care (which include equity, quality and dignity), use of quality processes and investment in the use of data for decision making.

Ladies and gentlemen, we welcome the development of evidence-based standards and implementation guidance by WHO as these provide a common framework for planning and implementation. The quality of care assessment tool has already been piloted and adapted to suit country needs as one way of harmonising several tools being used in the field of quality of care.

It is my hope and strong expectation that this network brings new ray of hope. Millions of women and their newborns who endure unnecessary and preventable risks in childbirth will benefit from better care; health workers who face enormous challenges in resource-poor settings will have access to quality of care improvement solutions that are adapted to their context; nations which see investment in healthy women and children as the bedrock of economic and social development will
implement their maternal, newborn and children health strategies more efficiently; and global development partners will see rapid progress towards the Sustainable Development Goals and the targets of the Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016 – 2030), supported by partners aligned under the Every Woman Every Child initiative. The launch of this network clearly testifies that quality is everyone’s responsibility; quality is not a choice but a responsibility. We are committed as leaders of health institutions to improve the quality of care and we will not stop or allow mediocrity in making decisions aimed at improving health outcomes for people regardless of their locality, race, gender and socio-economic status.

Distinguished guests, let me remind partners of the importance of investments that are Effective, Scalable and Sustainable and hence the need to move from implementing projects to programmes, from disparate efforts to coordinated investments that are in line with the national vision, strategy and operational plan for improving quality of care in the countries. This will enable countries to accelerate actions through well-coordinated and harmonized efforts to improve quality
of care using evidence-based standards and implementation interventions.

It is also my plea to our partners to assist governments in this network in building capabilities for quality improvement in coordinated ways. Let country ownership and leadership be seen in all our efforts as this is a driver to sustainability. It is a well known fact that what is sustainable is normally what is owned and driven by the local country. We will succeed Ladies and Gentlemen if we are in control and take up initiatives that are adapted to our local settings.

Ladies and Gentlemen, as governments we recognize that improving quality of care requires health systems that have a competent and motivated health workforce, a well-functioning supply system, a strong referral system and real-time health information. Countries have already set up the implementation framework to guide the operations of quality improvement. However, knowing that the health system is like a chain which is only as strong as its weakest link, it is my expectation that countries will address all the weak links in the health system, including the attitude of staff in our facilities.
The countries will commit to improve data systems to ensure decision making is guided by their data.

The first wave countries welcome the learning platform as an innovative way to share information, enhance knowledge, identify best practices, and provide a forum for addressing challenges.

National learning and research centres will be set up in countries act as a resource and knowledge hub at national level to feed into the learning platform.

As Ministers, we want to assure you that we will do everything possible to support this network and promote equity, quality and dignity. We will strongly make quality of care as a priority within the framework of Universal Health Coverage. Ladies and Gentlemen, Universal Health Coverage is not meaningful if Quality of Care is not a priority. We make commitment to establishing strong leadership and governance structures for Quality at all levels of health care.

We will work with key partners on Agenda 2030 and maintain international momentum around the Sustainable Development Goals,
We are grateful for the support countries get from development partners and other stakeholders to improve the health of the people globally in particular women’s and children’s health. It is my sincere hope that together we will all continue to support and to sustain the Global network to improve quality of care. Let us make this network as strong as possible, develop practical way forward, strengthen learning platforms and make all the necessary noise for Quality of Care. Be assured that Malawi will not remain behind especially that we are the host. We are determined to be the leader and best-practice country for quality of care.

I now declare the global network to improve quality of care for mothers, newborns and children for the first wave countries launched.

I THANK YOU ALL FOR YOUR ATTENTION AND GOD BLESS YOU.