

Quality, Equity, Dignity

The network to improve quality of care
for maternal, newborn and child health

STRATEGIC OBJECTIVES



Quality, equity, dignity: the network to improve quality of care for maternal, newborn and child health – strategic objectives

ISBN 978-92-4-151395-1

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Quality, equity, dignity: the network to improve quality of care for maternal, newborn and child health – strategic objectives. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in by the WHO Document Production Services, Geneva, Switzerland.

Edit by Green Ink Publishing Services Ltd

Design by Inis Communication – www.iniscommunication.com

Cover photo: Sara and her newborn son in Bwaila Hospital in Lilongwe, Malawi, March 2016.

© UNICEF/Chikdondi

Quality, Equity, Dignity

**The network to improve quality of care
for maternal, newborn and child health**

STRATEGIC OBJECTIVES



CONTENTS

ACKNOWLEDGEMENTS	1
EXECUTIVE SUMMARY	3
INTRODUCTION	4
THE CHALLENGE	5
OUR VISION, THEORY OF CHANGE AND GOALS	7
STRATEGIC OBJECTIVES	11
Strategic objective 1: Leadership	11
Strategic objective 2: Action	13
Strategic objective 3: Learning	15
Strategic objective 4: Accountability	17
MONITORING AND EVALUATION FRAMEWORK	19
THE QOC NETWORK AND ITS WORKING MECHANISMS	21
REFERENCES	23

ACKNOWLEDGEMENTS

The World Health Organization gratefully acknowledges the contributions of many individuals who have provided their inputs to the development of the Strategic Objectives for the Network to improve Quality of Care for maternal, newborn and child document.

Special thanks go to the experts who contributed in the conceptualization of the Network and its strategic objectives by participating in the organizing committee between September 2016 and February 2017. The following organizations and individuals participated in the committee (in alphabetical order by organization): Vinod Paul (AIIMS); Jerker Liljestrand, Kate Somers (BMGF); Gillian Turner (DFID); Gudrun Nadoll (GIZ); Viviana Mangiaterra (Global Fund to Fight AIDS, Tuberculosis and Malaria); Pierre Barker (IHI); Kathleen Hill (Jhpiego); Yoshida Tomoya (JICA); Mike English (KEMRI-Wellcome Trust); Nynke van den Broek, Matthews Mathai (LSTM); Amy Boldosser (MSH); Emanuele Capobianco, Lori McDougal (PMNCH); Stephen Hodgins, Mary Kinney, Thiago Luchesi, Joy Riggs-Perla, Eric Sarriot (Save the Children); Tim Colbourn (UCL); Neelam Bhardwaj, Petra ten Hoope-Bender (UNFPA); David Hipgrave, Stefan Petersson, Luwei Pearson, Nabila Zaka, Will Zeck (UNICEF); Deborah Armbruster, John Barrozzo, Lily Kak (USAID); Nigel Livesly, Jorge Hermida (USAID ASSIST); Tamar Chitashvili (USAID URC); Mickey Chopra, Dinesh Nair (World Bank), Rajesh Mehta (WHO SEARO), Assumpta Muriithi (WHO, AFRO).

We acknowledge the contribution of the 340 participants and the facilitators of the Launch meeting of the Network from 14–17 February 2017 in Lilongwe, Malawi for their excellent discussion and inputs in finalising the strategic objectives put forth in this document, particularly to the country teams (in alphabetical order by country): Bangladesh team led by Aminul Hasan, Focal Point, Quality Improvement Cell, HEU, MoHFW. Cote d'Ivoire team led by Aly Silue, focal point for QoC in health services in the Directorate of Hospitals and Primary Health Care, and Nobou Claudine, focal point for Maternal and Child care in Ministry of Health and Director of Maternal and Nursing care. Ethiopia team led by Daniel Michael Burssa, Director General, Medical Service General Directorate, Federal Ministry of Health and Ephrem Tekle, Director, Maternal & Child Health Directorate, Federal Ministry of Health. Ghana team led by Isabelle Sagoe-Moses, Deputy Director RCH, Family Health Division, Ghana Health Service, and Benjamin Nakutsey, Head of Policy in Unit of Policy, Planning and ME, Ministry of Health. Malawi team led by Peter Kumpalume Honourable Minister of Health, Charles Mwansambo Chief of Health Services Ministry of Health, and Andrew Likaka, Head of Quality Management, Ministry of Health. Nigeria team led by Adebimpe Adebisi, Director, Family Health, Federal Ministry of Health and Abosede Adeniran, Director, Child Health, Federal Ministry of Health. Tanzania team led by Koheleth Winani, Assistant Director Reproductive and Child health and Tahliya Yahya, Head of Quality Management Unit. Uganda team led by Jesca Nsungwa Sabiiti, Assistant Commissioner, Child Health, Ministry of Health and Sarah Byakika, Commissioner, Planning, Ministry of Health.

The strategic objectives documented in this publication were developed and written by the MCA and RHR Departments at WHO headquarters in Geneva – Anthony Costello (MCA), Bernadette Daelmans (MCA), Georgia Galazoula, Blerta Maliqi (MCA), Özge Tunçalp (RHR), Zainab Naimy (MCA), Bennett Nemser (MCA), Joanna Vogel (MCA),

and Wilson Were (MCA). External consultant Victoria Barr facilitated the development of the first draft. Blerta Maliqi and Zainab Naimy coordinated its development and finalisation.

We would like to thank Bill and Melinda Gates Foundation for their continued trust and support, especially Laura Hahn, Jerker Liljestrand and Kate Somers.

EXECUTIVE SUMMARY

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. Provision of quality care is uneven, and often fails to respect the rights and dignity of those who seek it.

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania and Uganda, supported by the World Health Organization, the H6 partnership and partners from all stakeholder groups, have brought together the Network for Improving Quality of Care for Maternal, Newborn and Child Health, ('the QoC Network'). Inspired by the Sustainable Development Goals and the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health, countries in the QoC Network have agreed on a vision that every pregnant woman and newborn receives good-quality care throughout pregnancy, childbirth and the postnatal period. The vision is underpinned by the core values of quality, equity and dignity.

As a step towards ending preventable maternal, newborn and child deaths and achieving universal health coverage, countries in the QoC Network will work together to halve maternal and newborn deaths and stillbirths in participating health facilities in a five-year period.

This document sets out the four strategic objectives of the QoC Network: leadership, action, learning, and accountability. The strategic objectives are underpinned by the importance of community engagement in improving the quality of care. They were reached by consensus among the QoC Network countries and partners present at the Network launch meeting in Lilongwe, Malawi, in February 2017.

The strategic objectives and their related outputs and key deliverables will inform implementation of quality improvement in a way that is scalable and sustainable. They also provide a basis for development of monitoring frameworks which will enable tracking of progress towards the goals and targets of the QoC Network.

Lastly, the document describes the mechanisms for supporting the QoC Network. The leaders of the QoC Network are the countries participating, who will share information on successes and challenges through a national and global learning network. WHO will provide technical and managerial secretariat to the QoC Network while task-oriented working groups will support countries by providing guidance and tools to support the implementation of improvements in quality of care, supporting quality of care monitoring, catalysing stakeholders to take part in country implementation, and promoting the QoC Network as an implementing platform of the wider Quality Equity Dignity campaign for every woman and every child.

Although the QoC Network is initially focusing its efforts on mothers and newborns, it will quickly expand to include child health and aims to gradually cover the full continuum of care. It is also expected that the number of countries that join the QoC Network increases as the learnings from implementation grow.

INTRODUCTION

1. The UN Sustainable Development Goals (SDGs) have set ambitious health-related targets for mothers, newborns and children, which countries have committed to achieving by 2030.¹ Working towards these will mean progress is made on universal health coverage (UHC) and on achieving the goals of the Global Strategy for Women's, Children's and Adolescents' Health ('the Global Strategy')² as well as the goals of the Every Woman Every Child movement.¹ The Global Strategy, with the goals SURVIVE, THRIVE and TRANSFORM, is aligned with the SDGs and was launched by the UN Secretary-General and world leaders in September 2015. Achieving these goals is a key priority for WHO Member States, as reflected in the World Health Assembly resolutions on UHC (WHA64.9) and the implementation of the Global Strategy (WHA69.2).
2. Globally, the rate of skilled birth attendance during childbirth has increased from 58% in 1990 to 73% in 2013,³ mostly due to increases in facility-based births. Evidence shows, however, that giving birth in a health facility with a skilled attendant is not sufficient to reduce maternal and newborn deaths and severe morbidity.⁴ Many women and their babies die as a result of poor care, even after reaching a health facility. If we want to accelerate reductions in maternal and newborn mortality and morbidity, improving the quality of care and patient safety is critical.
3. WHO envisions a world in which "every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period".⁵ This vision is supported by two complementary global action agendas conceptualized by WHO and partners in 2013–2014: Strategies towards Ending Preventable Maternal Mortality (EPMM)⁶ and the Every Newborn Action Plan (ENAP).⁷
4. In this context, nine countries – supported by WHO, the H6 partnership (WHO, UNAIDS, UNFPA, UNICEF, UN Women, and the World Bank) and partners from all stakeholder groups – have launched the Network for Improving Quality of Care for Maternal, Newborn and Child Health ('the QoC Network'). In the nine participating countries, the QoC Network aims to halve the rates of maternal and newborn deaths and stillbirths in targeted health-care facilities within five years.
5. The QoC Network believes that coordinated actions to implement effective, scalable

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26023

