

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

14–16 February 2017, Lilongwe, Malawi

MEETING REPORT



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CONTENTS

ACKNOWLEDGEMENTS	1
ABBREVIATIONS AND ACRONYMS	2
EXECUTIVE SUMMARY	3
PROCEEDINGS ON DAY 1: TECHNICAL FORUM	5
1.1 Setting the scene	5
1.2 Technical discussion sessions: What makes quality of care work?	8
1.3 Country readiness and progress in addressing quality of care: Poster session	10
PROCEEDINGS ON DAY 2: THE LAUNCH OF THE QUALITY OF CARE NETWORK	11
2.1 Opening session	11
2.2 High-level panel: Successes and challenges to improve quality of care	12
2.3 Launch of the Quality of Care Network	14
2.4 Review of the strategic objectives of the Quality of Care Network from the country and global perspectives	15
2.5 Side event to launch the joint statements from professional associations	15
PROCEEDINGS ON DAY 3: COUNTRY PLANNING AND NEXT STEPS	16
3.1 Country case studies: Bangladesh and Malawi	16
3.2 Overview of the proposed monitoring framework	16
3.3 Development of country roadmaps	17
3.4 Conclusions: Moving forward as a Network	18
ANNEX 1. LAUNCH MEETING AGENDA	20
ANNEX 2. COMMITTED TO QUALITY, EQUITY AND DIGNITY: STATEMENT OF THE FIRST MEETING OF THE NETWORK FOR IMPROVING QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH	24
ANNEX 3. PRESS RELEASE: MALAWI COMMITS TO HALVE MATERNAL AND NEONATAL DEATHS OVER NEXT FIVE YEARS	26

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This report was written by Fatima Gohar, Blerta Maliqi, Zainab Naimy and Bénédicte Walter.

Abbreviations and acronyms

AIIMS	All India Institute of Medical Sciences
BFHI	Baby-Friendly Hospital Initiative
HMIS	Health Management Information System
H6	The Global Health Partnership H6 (formerly H4+), which includes six organizations: UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group
IHI	Institute for Healthcare Improvement
LMICs	Low- and Middle Income Countries
MCA	WHO Department of Maternal, Newborn, Child and Adolescent Health
MDSR	Maternal Death Surveillance and Response
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MSH	Management Sciences for Health
PMNCH	Partnership for Maternal, Newborn & Child Health
QoC	Quality of Care
RBF	Results-Based Financing
RHR	WHO Department of Reproductive Health and Research
SDGs	Sustainable Development Goals
SDS	WHO Department of Service Delivery and Safety
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Research Co.
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

Executive summary

The past two decades have been marked by substantial 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 service delivery often fails to respect the rights and dignity of those who seek care.

The United Nations Sustainable Development Goals (SDGs) have set ambitious health-related targets for mothers, newborns and children, which countries have committed to achieving by 2030. Working towards these targets 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 (2016–2030): Survive, Thrive and Transform.¹

Improving the quality of care and patient safety is crucial if we want to accelerate reductions in maternal and newborn mortality and morbidity. These aspirations drive the vision of the World Health Organization (WHO), in which "every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period"², with equity and dignity. For this to happen, coordinated actions and investments are required.

With this in mind, the governments of Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Uganda and the United Republic of Tanzania³ – supported by WHO, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and partners from all stakeholder groups – agreed to establish the Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network). The goal of the Quality of Care Network is to improve the quality of care (QoC) provided to mothers, newborns and children in order to halve maternal and neonatal mortality and stillbirths within five years in the participating countries, and to improve patients' experience of care.

The meeting was hosted by the Ministry of Health of Malawi, in Lilongwe, Malawi, on 14–16 February 2017.

Over 300 participants were organized in country teams led by senior representatives from each country's ministry of health, and other meeting participants included members of professional associations and development partners from the nine countries, as well as other regional and global partners and donors. During the three-day meeting, the country teams and other participants shared best practices on QoC improvement and roadmaps for implementation. They committed to work together in the context of the Quality of Care Network to improve quality, equity and dignity of mothers, newborns and children in health services. They also articulated the following strategic objectives of the new Quality of Care Network:

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

¹ Further information is available at: <http://globalstrategy.everywomaneverychild.org/>

² Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R et al. Quality of care for pregnant women and newborns – the WHO vision. *BJOG*. 2015;122:1045–1049. doi:10.1111/1471-0528.13451.

³ Countries that were part of the Network for Improving Quality of Care for Maternal, Newborn and Child Health at the time of the meeting. More countries have been preparing to join since that meeting.

- **Action:** Accelerate and sustain implementation of quality of care improvements for mothers and newborns.
- **Learning:** Facilitate learning, share knowledge and generate evidence on quality of care.
- **Accountability:** Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care.

A growing partnership of development organizations, nongovernmental organizations (NGOs), professional associations and universities is supporting the Quality of Care Network while more countries are expected to join.

This report summarizes the proceedings of the three-day meeting. The full agenda of the meeting is presented in Annex 1 and the statement is presented in Annex 2. All documents and presentations shared during the meeting are accessible at this link: <http://bit.ly/ALL-Documents2>. Links to individual documents and presentations are provided throughout the report.

Proceedings on Day 1: Technical forum

1.1 Setting the scene

The first day of the meeting was dedicated to technical briefs and knowledge sharing across disciplines that influence delivery of quality care for maternal, newborn and child health.

On behalf of the Government of Malawi and the Ministry of Health (MoH), Charles Mwansambo, Chief of Health Services in Malawi's MoH, opened the meeting by welcoming all participants. He urged the delegates to take action, voicing support for a Quality of Care Network to save mothers, newborns and children. He emphasized that extra efforts are needed to fast track investments to improve quality of care (QoC) and stressed the need to share best practices between countries, regions and globally. See Charles Mwansambo's remarks: <http://bit.ly/C-Mwansambo2>

Representatives of WHO and UNICEF in Malawi, Eugene Nyarko and Johannes Wedenig, respectively, provided an overview of the challenges that are the reason for the current push for coordinated action to improve QoC and they outlined the commitment of the H6 Partnership to work with partners to achieve rapid progress in the coming years.⁴

The technical updates were kicked off by Anthony Costello, Director of the WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA). His presentation focused on the importance of QoC in delivering the three objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, Thrive and Transform. See Anthony Costello's presentation: <http://bit.ly/A-Costello2>

The systemic aspects of QoC, and its relevance in delivering universal health coverage (UHC) were discussed by Shamsuzzoha Babar Syed, Coordinator of the Quality Systems and Resilience Unit at the WHO Department of Service Delivery and Safety (SDS). The health-related Sustainable Development Goal (SDG 3) is to "ensure healthy lives and promote well-being for all at all ages"⁵. This includes achieving UHC, which implies access to quality essential health care for all. Quality is defined by the Institute of Medicine as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". Improving quality implies change; quality is multidimensional; quality is the product of individuals working with the right attitude in the right system. Quality health care consists of health services that are: (i) effective – providing evidence-based health services to those who need it; (ii) safe – avoiding injuries to people for whom care is intended; and (iii) people-centred – providing care that responds to individual preferences, needs and values, ensuring that people-focused values guide clinical decisions and that people are informed about appropriate health services. See Shamsuzzoha Syed's presentation: <http://bit.ly/S-Syed2>

WHO has developed a vision of QoC for pregnant women and newborns in which "every mother and newborn receives quality care throughout the pregnancy, childbirth

⁴ The Global Health Partnership H6 (formerly H4+) includes six organizations: UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group.

⁵ Further information is available at: <https://sustainabledevelopment.un.org/sdg3>

and postnatal periods”⁶. This vision was shared at the meeting by Bernadette Daelmans, Coordinator of Policy, Planning and Programmes at WHO’s MCA Department. Nearly three million babies and women could be saved each year with high coverage of quality care around childbirth and care for small and sick babies. To achieve this, there is a need to address quality improvement holistically and ensure: (i) that its implementation is facilitated at the country level by national policy, strategy and structures supported by all stakeholders; (ii) that action is informed by the WHO QoC standards⁷ and reflects the country context; (iii) that the operational plans are based on analysis and review data, and that they assign responsibilities and demonstrate accountability by sharing information on a core group of agreed indicators; and finally (iv) that capability for quality improvement interventions is built throughout the system. See Bernadette Daelman’s presentation: <http://bit.ly/B-Daelmans2>

Stefan Swartling Peterson, Chief of Health at UNICEF, highlighted community engagement and social accountability as crucial components for delivering QoC. UNICEF supports families, communities and local government in taking concrete actions required to strengthen health systems and create demand for quality health services. Its diverse work includes engaging communities for social and behaviour change; generating demand; remuneration for provision of quality services; strengthening accountability; supporting programme delivery; and building resilience. To address inequity in service delivery, one must measure socioeconomic inequities. See Stefan Swartling Peterson’s presentation: <http://bit.ly/S-Peterson2>

The eight WHO QoC standards⁷ are at the core of any quality improvement initiatives for facility-based maternal, newborn and child care. Wilson Milton Were, Medical Officer for Child Health Services at WHO’s MCA Department, shared these standards with the audience. The standards define what is required to achieve high-quality care around the time of childbirth. They are accompanied by concise, prioritized quality statements and they are designed to drive measurable improvement in QoC around childbirth, and to set benchmarks against which improvements can be measured and monitored. Each quality statement sets out the requirements to achieve compliance with the corresponding WHO QoC standard. Quality measures are criteria that can be used to assess, measure and monitor QoC and they provide objective evidence for determining whether or not the requirements have been met. The WHO QoC standards cover routine care and management of complications occurring for women and their babies during labour, childbirth and the early postnatal period, including those of small babies during the first week of life. They are applicable to all health-care facilities that offer maternity services. See Wilson Were’s presentation: <http://bit.ly/W-Were2>

Standards need to be implemented. Therefore, understanding the implementation strategies and interventions that facilitate effective implementation of standards and improvement of results is fundamental. Özge Tunçalp, a scientist on the Maternal and Perinatal Health & Preventing Unsafe Abortion Team at the WHO Department of Reproductive Health and Research (RHR Department), shared the findings of the recent

⁶ Tunçalp Ö et al., 2015.

⁷ *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/).

review of evidence-based practices for improving QoC for mothers and newborns. Although these practices are often well known, unanswered questions remain about *how* to implement them. The implementation interventions consist of: (i) Leadership and governance of quality; (ii) System re-design for implementation and scale-up; (iii) Financial strategies to support improvement; (iv) Assessment and provision of resources; (v) Engaging women, families and communities in their care; (vi) Education, training and supportive supervision for clinical and system activities; (vii) Data to support improvement; and (viii) Learning communities for accelerating improvement. It is important to note that the combination of these implementation interventions varies across countries, districts and facilities, and depends on countries' prior experience and their learning process. See Özge Tunçalp's presentation: <http://bit.ly/Ö-Tunçalp2>

These presentations were followed by a rich plenary discussion which provided participants with an opportunity to share some of their experiences as well as raise important questions on what needs to be addressed to improve QoC. Some of the most salient points from the discussion are noted below.

Improving QoC is not possible without addressing the health system

- In low- and middle-income countries (LMICs), decentralization (district level), political will and financial support are critical for the effective implementation of QoC improvement initiatives. There is a need to engage other ministries, including the ministry of finance, to foster multisectoral collaboration and action.
- High-level leadership and political commitment play significant roles in effective country-level implementation.
- Health systems should look at the possibilities to improve community-based services. Engagement of the community and social accountability are not sufficiently addressed in the existing standards. Communities need to be empowered to demand quality services and their voices need to be heard, not only in facility- and district-level forums but also on regional and national platforms for developing policy and planning. Communities, families and individuals should be partners in and not only passive recipients of care. There is also a need to hear the perspectives of health-care providers to empower them as providers of quality care. Understanding social norms and integrating this sensitively into health-care provider interactions at family and community levels is equally important.

Having competent and motivated staff is crucial for QoC

- To motivate health-care providers, QoC improvement measures need to be linked with recognition and/or incentives. Midwives are key to the provision of client-centred care, and there is a strong need to involve and empower them. In addition, regular monitoring and facilitative supervision are vital to sustain improvements.

Global QoC standards and measures need to be understood and adapted to country context, enabling national ownership

- WHO QoC standards⁶ should be adapted to country needs and priorities. QoC is a complex issue and in addition to quantitative research, qualitative research will also be critical to understand what approaches work.

- Though literature review is undertaken to learn global-level practices, successful implementation strategies need to be informed by local knowledge and experience.
- It will be useful to exchange country and partner experiences, to fast-track learning, through the Quality of Care Network. Formative research is needed to inform policy and development of national standards.

1.2 Technical discussion sessions: What makes quality of care work?

Six parallel technical discussion sessions elaborated on the existing QoC strategies across the regions. Presentations made during these breakout sessions can be found online: <http://bit.ly/ALL-Documents2>. Some of the key points discussed during the sessions are summarized below.

Multisectorality – focusing on water, sanitation and hygiene (WASH) and nutrition

- Hand hygiene, clean facilities, infection prevention and safe waste disposal are vital to patient safety and QoC, and are not possible without access to WASH services. High-level political commitment, an enabling policy environment and accountability are fundamental for providing safe and sufficient WASH services.
- Operation and maintenance are among the key challenges in ensuring sustainability of WASH improvements as there is often no dedicated budget line for WASH in health-care facilities, leaving facilities unable to manage and make improvements where needed.
- Increase in facility-based deliveries has not led to a proportional increase in the early initiation of breastfeeding. Currently, the Baby-Friendly Hospital Initiative (BFHI) guidance is being updated in two parallel processes: a review of the Ten Steps⁸ based on 21 systematic reviews, and an updating of the operational guidance for countries. In summary:
 - i. The Ten Steps should be the responsibility of every maternity facility.
 - ii. Private facilities need to adhere to the Ten Steps.
 - iii. Countries need to establish national standards of care for breastfeeding.
 - iv. Regular internal monitoring is a crucial element.
 - v. External assessment needs to be streamlined enough to be manageable within existing resources.
 - vi. Incentives other than designation are encouraged.
 - vii. BFHI must be integrated with other health-care improvement and quality assurance initiatives.

The Ten Steps are largely integrated in the WHO QoC standards. Countries like Ghana have integrated the concepts of mother-friendly services with BFHI.

Use of data for QoC

- A fundamental requirement for improving QoC is that data must be timely and of high quality. Data can be collected through continuous routine data collection

⁸ Further information is available at: <http://www.tensteps.org/>

sources (such as health management information systems [HMIS], patient records, Maternal Death Surveillance and Response [MDSR], civil registration and vital statistics [CRVS], client interviews), as well as periodic data collection (such as health facility assessments, observation of care, client and provider interviews, simulation of care, review of records).

- Establishing a system of real-time monitoring is effective to generate data that can then be used to influence policy, improve systems and provide targeted support to health-care facilities.
- The costs in India for establishing a real-time monitoring system were less than 1% of the overall investment in infrastructure and training programmes for the care of sick newborns.
- Conveying ideas visually is important. When quality improvement captures the attention of managers, the system starts functioning.
- Investment in MDSR intensified some five years ago under the global accountability drive for the first Global Strategy for Women's and Children's Health (2010–2015). A conclusion was that to institutionalize MDSR, countries should "think big but start small and move slowly".

Key systems to support QoC: finance, commodities and supply chain management

- Results-based financing (RBF) has shown promise as a tool to strengthen health systems and ultimately to improve both the utilization and quality of maternal and child health services. However, at the same time, RBF is also facing some challenges including management of huge data sets, and how to measure the processes and qualitative aspects of care.
- Avoiding stock-outs is the key to uninterrupted provision of quality services, requiring proper quantification with appropriate and timely procurement, storage, distribution and monitoring of stock levels. Data collection and use, appropriate government policies and adaptability are also necessary to strengthen public health supply chains. There is an urgent need to strengthen the public health supply chain and to reduce stock-outs of life-saving medicines, supplies and equipment. This will require good governance and collaboration among key stakeholders, from the health-care facility level to the central medical store.

Building a competent and engaged health workforce

- A competent and engaged health workforce is the cornerstone for building stronger health systems and enabling QoC for all. However, challenges include: inadequate numbers of qualified health workers in the workforce; maldistribution of existing health workers; increased migration; mismatch of skills and expected roles; and inequities in access to services in rural, remote and underserved areas.
- Countries need to go beyond numbers. There is a need for: strengthening education and regulation of health workers; building the capacity of professional associations; establishing supportive supervision, workload analysis and better governance; and ensuring that accountability mechanisms include citizens' voices.

- Addressing these challenges requires government leadership and a concerted effort by all key partners, including educational institutions, professional associations, regulators, civil society and health workers themselves.

Engaging the private sector and using innovative approaches to improve QoC

- Private sector engagement is central to improving QoC and strategic public–private partnerships are needed that can support governments in achieving national access to quality, affordable health care.
- Private sector health services are very diverse in terms of providers and services offered. Governments have an important role in ensuring good governance and setting policies, including having a mechanism to deal with conflicts of interest, particularly for health-care providers working in both the private and public sectors.

Engaging communities for improved QoC including more equitable and dignified care

- Community trust, engagement and empowerment are integral to QoC – both for increasing the demand for provision of high-quality care and for improving experience of care.
- Quality, equitable, dignified and patient-centred – all health services should have these elements at their core.
- A lot of work is needed to promote social accountability, which will require political will, community engagement, utilization of data and also engagement of media outlets.

1.3 Country readiness and progress in addressing quality of care: Poster session

A special session was organized by countries during which the country teams used poster presentations to share information regarding their own health systems, including readiness to improve QoC and any progress already made in implementing improved QoC. All the posters can be viewed at: <http://bit.ly/PostersCountries>

Proceedings on Day 2: The launch of the Quality of Care Network

The second day of the meeting was dedicated to introducing the commitment of the countries to establishing a joint collaboration based on harmonization, learning and sharing, as a basis for addressing the quality gaps and for improving care outcomes with equity and dignity.



Participants at the launch of the Network for Improving Quality of Care for Maternal, Newborn and Child Health in Lilongwe, Malawi, 14-16 February 2017.

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2.1 Opening session

The day started with opening remarks from Helga Fogstad, Executive-Director of the Partnership for Maternal, Newborn & Child Health (PMNCH), who underlined the importance of partnerships. In her speech, she emphasized the importance of the involvement of the Quality of Care Network at all levels – community, district, national and global. Furthermore, the voices of youth and adolescents are important and should also be heard and included in the process of improving QoC.

Next, Margaret Kruk, Chair of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era (HQSS Commission)⁹, gave a presentation emphasizing that provision of QoC is a basic right for the user of the health system. She equated QoC to an agenda for change and even a revolution, which will need local ownership and champions in order to succeed. Her address highlighted four key observations about quality, challenging meeting attendees to reset the quality agenda:

1. **Quality is for people.** High-quality health care is a basic promise from the health system to its users. Focusing on people means we organize care to maximize health and ensure that people feel heard and respected while receiving care.
2. **Quality care is the core mission of health systems.** What is the purpose of a hospital or a health-care facility without quality care? Quality care is not a specialized pursuit for select conditions or select countries. It is fundamental to health systems and the provision of care.
3. **Measure quality by what matters.** Simply counting inventory is not a sufficient or accurate indicator of quality. Health is a service industry, and it is time for us to consider customer opinion.

⁹ Further information is available at: <https://www.hqsscommission.org/>

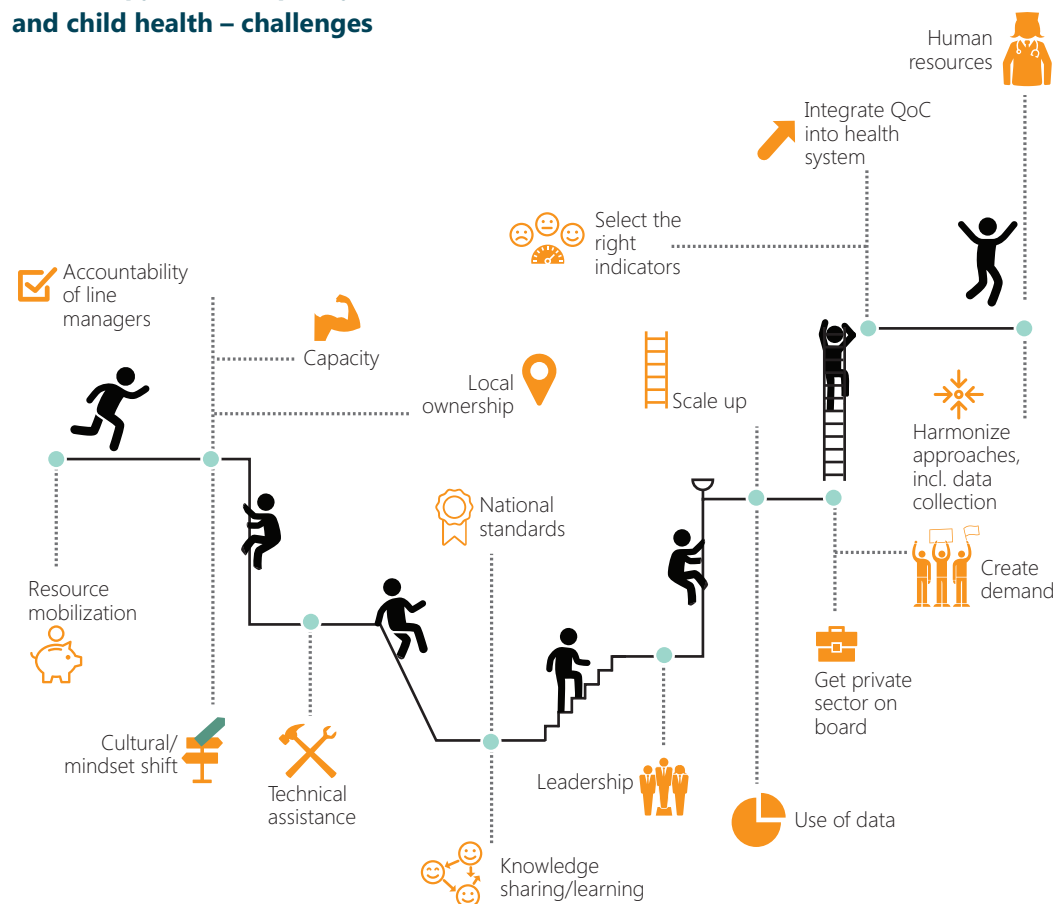
4. **It is time to challenge basic assumptions.** Quality improvement is not a new enterprise, and we are long overdue for a quality reset. For example, does results-based financing (RBF) lift the performance of a health system, or temporarily increase the incentivized interventions? New thinking for structural change and service delivery is needed.

See Margaret Kruk’s presentation: <http://bit.ly/M-Kruk2>

2.2 High-level panel: Successes and challenges to improve quality of care

The two opening presentations were followed by a high-level panel discussion. The panel included representatives from each of the nine countries, who shared their experiences, best practices, challenges and aspirations for improved QoC for maternal, newborn and child health.

The bumpy road to quality of care for maternal, newborn and child health – challenges



Uganda: Sarah Byakika, Commissioner in the Planning Department of Uganda’s Ministry of Health (MoH), talked about Uganda’s long history in relation to the quality assurance agenda. The first national Quality Improvement Strategic Plan was developed in 2010, which helped to harmonize institutional quality improvement approaches. Review of the

2010 Plan later showed that the issue of accountability needed further strengthening, particularly at the line manager level.

Malawi: Andrew Likaka, Head of the Quality Management Directorate at Malawi's MoH, shared how Malawi has recently established its Quality Management Directorate. The drive for a directorate came from the MoH's desire to see greater progress on reducing avoidable deaths and improving coordination among implementing partners. A national quality management policy has been developed and the country is currently revising the policy through a wider consultative process. Malawi has also carried out mapping of the partners working on QoC. Approaches will need to be harmonized to avoid a silo approach. Training health workers at pre-service and in-service levels will be critical to the success of quality improvement initiatives.

Bangladesh: Farhana Dewan, Secretary General of the Obstetrical and Gynecological Society of Bangladesh, talked about Bangladesh's quality improvement initiative for Every Mother Every Newborn (EMEN). The process has involved adaptation and implementation of the WHO QoC standards in selected health-care facilities. Some of the key challenges have been around adequate numbers and retention of human resources, access to hard-to-reach health centres and functionality gaps in the referral system.

Ethiopia: Daniel Burssa, Chief of Staff at Ethiopia's Federal Ministry of Health, shared the path taken by the country in initiating quality improvement efforts since 2010, which culminated in the new national QoC strategy. Success stories include the use of mentorship, sharing best practices, regular review meetings and supportive supervision (supported by staff from regional health bureaus) in over 100 hospitals. The collaborative approach is working well in Ethiopia for strengthening primary health care.

Ghana: Isabelle Sagoe-Moses, Deputy Director of the Family Health Division of Ghana Health Service, shared how the governance structures for quality improvement at national, regional and facility levels were set up and supported by the development of a strong national quality strategy. The country has used BFHI as a quality improvement initiative and has included the mother-friendly components as well. Much effort has gone into training frontline health workers. Some of the challenges, however, include coordination and harmonization, leadership (especially at managerial level) and other implementers (private and faith-based health services). Knowledge sharing is also an area that needs further improvement.

Nigeria: Adebimpe Adebisi, Director of Family Health at Nigeria's Federal Ministry of Health, shared lessons learnt from their large-scale maternal, newborn and child health (MNCH) programme in northern Nigeria, which focuses on actionable information systems, functional referral systems, and respectful maternity care. The programme uses engaging techniques that quickly and effectively capture and share data on quality. The biggest challenge that the programme faces is the multiplicity of reproductive, maternal, newborn, child and adolescent health (RMNCAH) data-collection tools, which need to be adapted to the local context. Harmonized data-collection tools will require support from the Quality of Care Network. Other support needs include resource mobilization and technical assistance for capacity-building on quality improvement.

India: Paul Francis, Technical Officer at the WHO Country Office in India, on behalf of the delegation from India, shared some of the key achievements regarding the readiness of the country to address quality improvement. India has a national quality assurance system with a secretariat that is responsible for: (i) setting up guidelines; (ii) capacity-building; and (iii) ongoing assessment of facilities. A quality score is assigned to each facility to help assess performance across facilities. Both the quality assurance framework and RMNCAH strategy were developed in 2013, hence many of the standards and guidelines for RMNCAH are included and aligned in the quality assurance system. The QoC system should be embedded in the health system and involve communities so that they can demand accountability. Future priorities should involve more investments in real-time monitoring of care (e.g. use of mobile technology) as well as engaging the large private sector in India in the Quality of Care Network.

United Republic of Tanzania: Talhiya Yahya, the Head of Quality Management at the MoH, shared the country's positive experience of developing and using a district-level five-star rating system for quality assurance in facilities. Recent assessments have found that 85% of 70 facilities assessed by this approach received no stars or only one star, demonstrating a need for focused efforts. At the national level, the country has a number of strategies that guide quality improvement initiatives and a directorate of quality assurance. Lack of ownership of quality improvement initiatives produced at national level as well as a lack of data use among health managers and health workers are some of the key challenges.

Côte d'Ivoire: 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 Côte d'Ivoire's MoH and director of maternal and nursing care, presented their experiences in assessing QoC at the hospital level. The main challenges they would like to address in the country include strengthening the national QoC leadership, bringing together stakeholders to discuss and adopt the WHO QoC standards, and conducting proactive policy-level dialogue to introduce and implement QoC.

2.3 Launch of the Quality of Care Network

Reflecting on the experiences shared by the high-level representatives of the nine countries, and taking stock of the various achievements and challenges, the Honourable Peter Kumpalume, Malawi's Minister of Health, led the subsequent plenary session to build consensus on joining forces around a partnership.

This session culminated in the official launch of the Quality of Care Network. See the remarks by Malawi's Minister of Health and Acting Secretary for Health: <http://bit.ly/P-Kumpalume2>

The Network launch was followed by a press briefing. See the statement of the first meeting of the Quality of Care Network – "Committed to Quality, Equity and Dignity" – which was released at the press briefing: <http://bit.ly/CommuniqueQoC2> (the statement is also presented in Annex 2).

2.4 Review of the strategic objectives of the Quality of Care Network from the country and global perspectives

The suggested strategic objectives of the Quality of Care Network were introduced by Blerta Maliqi of WHO. See Blerta Maliqi's presentation: <http://bit.ly/B-Maliqi2>

To allow for in-depth discussions, participants were organized into working groups to deliberate and review the objectives. Their findings and recommendations were then shared and discussed during the plenary session that followed, which served as a basis for agreement and consensus building. At the end of the session, participants endorsed the strategic objectives, which are summarized in the key words: Leadership, Action, Learning and Accountability. Meeting participants tasked the WHO Secretariat to take stock of the inputs and finalize the strategic objectives document. The finalized strategic objectives are:

- **Leadership:** Build and strengthen national institutions and mechanisms for improving quality of care in the health sector.
- **Action:** Accelerate and sustain implementation of quality of care improvements for mothers and newborns.
- **Learning:** Facilitate learning, share knowledge and generate evidence on quality of care.
- **Accountability:** Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care.

2.5 Side event to launch the joint statements from professional associations

An evening reception was jointly hosted by Malawi's MoH and PMNCH. During this event, professional associations launched a joint statement in support of improving quality of maternal and newborn care in LMICs. The health-care professional associations included the American Academy of Pediatrics (AAP), the Council of International Neonatal Nurses (COINN), the International Council of Nurses (ICN), the American College of Obstetricians and Gynecologists (ACOG), the International Federation of Gynecology and Obstetrics (FIGO), the American College of Nurse Midwives (ACNM), the International Pediatric Association (IPA) and the International Confederation of Midwives (ICM).

The evening also served as a venue to share three other joint statements related to improving QoC:

- International WHO recommendations on interventions to improve preterm birth outcomes
- International policy statement for universal use of Kangaroo Mother Care for preterm and low-birthweight infants
- Managing possible serious bacterial infection in young infants 0–59 days old when referral is not feasible.

See the four joint statements: http://bit.ly/joint_statement2

Proceedings on Day 3: Country planning and next steps

3.1 Country case studies: Bangladesh and Malawi

The first session on the third day showcased two country case studies, from Bangladesh and Malawi, that holistically address quality improvement.

Nabila Zaka of UNICEF shared the work that UNICEF is jointly implementing with the Bangladesh Government to improve QoC for maternal and newborn health (MNH) in health-care facilities as part of the Every Mother Every Newborn (EMEN) programme. See the Bangladesh case study: <http://bit.ly/Bangladesh2-C>

Charles Mwansambo and Andrew Likaka of Malawi's MoH, together with Pierre Barker of the Institute for Healthcare Improvement (IHI), shared the results of the collaborative efforts to improve results for MNH through implementing a learning collaborative in health-care facilities. See the Malawi case study: <http://bit.ly/Malawi2-C>

The case studies underlined the need to focus on building a network of quality improvement teams at district and facility levels with community representation. Data strengthening, regular monitoring support and government ownership were identified as essential to sustain and scale up the initiative.

3.2 Overview of the proposed monitoring framework

The session on monitoring provided an overview of the monitoring framework proposed for the Quality of Care Network. The overview was presented by Kathleen Hill of Jhpiego and Bennett Nemser of WHO. See the overview: http://bit.ly/B-Nemser_K-Hill2

The proposed monitoring framework attempts to balance the monitoring needs across multiple levels of the health system: facility, district, national and global. To this end, the monitoring framework articulates conceptual guidance for review by stakeholders rather than prescriptive instructions. The four components of the framework were introduced:

1. Quality improvement measures for health-care facilities
2. Regional/district performance measures
3. Common core measures
4. Implementation milestones.

In the discussions that followed, participants raised questions about how to bring the voices of women and families into monitoring systems, how to overcome various challenges such as HMIS containing few routine QoC measures, what to do when facilities do not have standardized patient records or registers, and how to motivate health workers who lack experience in measuring results. Some other issues raised during the discussions included how to identify process indicators for quality to be used by the Quality of Care Network, and how to measure the impact of quality improvement initiatives.

It is expected that the Quality of Care Network will provide an opportunity to develop a learning platform to share knowledge and learnings on monitoring and indicators. A

starting point will be its web-based repository of tools and guidance, including tools to track performance, forums for communities of practice, etc.¹⁰

3.3 Development of country roadmaps

The meeting provided a venue for country teams to further elaborate their roadmaps to improve QoC and an opportunity to provide and receive peer review, and to support each other. These exchanges took place during working group sessions, which were then followed by discussions in plenary. Some of the key findings of this review process are presented here, grouped into four topic areas.

Leadership and coordination

- Success of the QoC strategy is dependent upon strong high-level leadership as well as political buy-in. Similarly, partner coordination – including convening stakeholder meetings, alignment and harmonization of partner tools and QoC standards – was prioritized by multiple countries.

Learning systems and governance structure

- There is a need to strengthen existing quality improvement structures, systems and governance from national to community levels, with further emphasis placed on utilizing the quality improvement process in health systems strengthening.
- Learning is critical. Virtual and face-to-face learning systems should include: global collaboration, inter-district collaboration, district–community collaboration.
- Countries should not only focus on strengthening national structures, but also should simultaneously strengthen subnational structures as these play a crucial role in the implementation of the QoC strategy and practice.
- Participation in district-level learning meetings and promoting learning and exchange between facilities are important to foster learning.
- Incorporation of quality improvement principles into the basic education of clinicians and practitioners was suggested as a way of helping to institutionalize quality improvement processes.

Community empowerment

- Community empowerment can play a significant role in the process of improving QoC for MNH. In order to generate demand, communities need to access and assess key services. Civil society organizations play a crucial role in the monitoring and accountability of the process.

Establishing readiness for implementation:

- Each country stands at a different stage in the development and implementation of their national QoC strategy. Some countries have launched their national QoC strategy for the health sector, while others are working on their roadmaps. A couple of countries have embarked on contextualization of the WHO QoC standards, assessment tools and materials. Technical assistance will be required to ensure that strategies are implemented and operations are monitored to demonstrate results.

¹⁰ This platform has been developed since the meeting; it is available at: <http://qualityofcarenetwork.org/>

- Resource gaps must be addressed, and resource mapping and mobilization also need to be assessed.

3.4 Conclusions: Moving forward as a Network

All participants, including members of the country teams and professional associations and representatives from partner organizations and donors, committed to support quality improvement implementation and contribute to the learning agenda of the Quality of Care Network at the global or country level. Heads of country delegations expressed their appreciation for the learning experience that the meeting provided. They committed to continue learning, share best practices and also glean the same from other countries to reduce maternal, newborn and child mortality. Furthermore, countries agreed to take the following actions:

- Establish the Quality of Care Network, which should be country-led. Country leadership and ownership of Network-related activities is the most important determinant of Network success, and will ensure that QoC improvement is sustained.
- Adopt the WHO QoC standards and implement the roadmap together with partners.
- Sustain leadership and ownership of the main objectives of the Network.
- Ensure trust and transparency, and stimulate QoC improvement actions that are contextualized.
- Engage community-based organizations as vital partners to achieve the quality, equity and dignity targets.
- Clearly hear the voice of both communities and providers, who are key to QoC.

The meeting was concluded by final remarks from Anthony Costello (WHO), Stefan Swartling Peterson (UNICEF) and Anneka Knutsson (UNFPA), who – on behalf of the H6 Partnership – pledged their full support to working on implementing the priorities of the Quality of Care Network.

Agreed next steps for the Quality of Care Network countries

- Consolidate the roadmaps and the partnership.
- Identify the learning districts and facilities in collaboration with national authorities.
- Identify institutional mechanisms for learning.
- Establish milestones and begin implementation, including convening a review meeting in six to nine months.

Agreed next steps for the Quality of Care Network

- Finalize the Quality of Care Network's strategic document and monitoring framework.
- Establish a coordination mechanism for the Quality of Care Network.
- Bring countries together for an annual review and learning meeting (early in 2018), and include second-phase countries.
- Activate the learning platform for its members.
- Publish an annual report of the Quality of Care Network.
- Refer to www.qualityofcarenetwork.org for more information and progress of the Network.



Doumbia Dgnebou, is seven months pregnant with her fourth child. She came to Odienné's health center, Côte d'Ivoire, in March 2017, for a prenatal check up.

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Annex 1. Launch meeting agenda

14–16 February 2017, Umodzi Park, Lilongwe, Malawi

Meeting objectives:

1. Launch the Network for Improving Quality of Care for Maternal, Newborn and Child Health (the Quality of Care Network) and commit to the common goal of improving quality of care (QoC) for mothers and newborns;
2. Share best practices on QoC improvement and agree on an evidence-based framework for coordinated actions;
3. Agree on country roadmaps for improving QoC, and articulate the Quality of Care Network's added value and contribution to realise its potential.

Lead facilitator: Pascal Bijleveld

Day 1 – Tuesday, 14 February 2017: Technical forum

Time	Theme	Format/speaker
07:30 – 08:30	Registration	
08:30 – 08:45	Welcome	Charles Mwansambo – Chief of Health Services Ministry of Health, Malawi Eugene Nyarko – World Health Organization (WHO) Representative Malawi Johannes Wedenig – United Nations Children's Fund (UNICEF) Representative Malawi
08:45 – 08:55	Introduction	Pascal Bijleveld
08:55 – 09:05	Meeting objectives and agenda	Blerta Maliqi – WHO Nabila Zaka – UNICEF Zainab Naimy – WHO
09:05 – 10:00	Setting the scene: <ul style="list-style-type: none"> • Quality of Care (QoC) in the context of Global Strategy • QoC for maternal and newborn health (MNH) vision and framework • Health systems strengthening for quality and equity 	Anthony Costello – WHO Shams Syed – WHO Bernadette Daelmans – WHO Stefan Swartling Peterson – UNICEF
10:00 – 10:30	Facilitated discussion	Ian Askew – WHO
10:30 – 11:00	Break	
11:00 – 11:45	<ul style="list-style-type: none"> • WHO standards of care to improve maternal and newborn quality of care in facilities • Improvement interventions for QoC 	Wilson Were – WHO Özge Tunçalp – WHO
11:45 – 12:20	Facilitated discussion	Ian Askew – WHO

Time	Theme	Format/speaker
12:20 – 12:30	Instructions for the working groups	Zainab Naimy – WHO
12:30 – 14:00	Lunch	
What makes quality of care work: Parallel sessions		
	Group 1	Group 2
14:00 – 15:30	Systems support QoC: Financing and supply chains	Working with all sectors to deliver QoC
15:30 – 16:00	Break	
16:00 – 17:30	Engaging communities for improved quality, equitable and dignified care	Business unusual: Engaging the private sector and using innovative approaches to improve quality of care
		Building a competent and engaged health workforce. Engaging professional associations to deliver on quality
17:30 – 18:30	Feedback from parallel sessions	
18:30	"Walk and talk" gallery – QoC country posters	

Day 2 – Wednesday, 15 February 2017: Introducing the Quality of Care Network

Time	Theme	Format/speaker
09:00 – 09:20	Opening session	
09:20 – 09:30	Remarks: Quality, equity and dignity for women, children and adolescents	Helga Fogstad – Partnership for Maternal, Newborn & Child Health (PMNCH)
09:30 – 09:50	Quality of care: towards a unified global framework for action	Margaret Kruk – Chair of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era
09:50 – 10:00	Discussion	
10:00 – 10:30	Break	
10:30 – 12:00	High-level panel: Successes and challenges to improve quality of care	Pascal Bijleveld (moderator) Representatives from countries: Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Uganda and the United Republic of Tanzania
12:00 – 12:20	Key note speech Launch of the Quality of Care Network	Anthony Costello Chimwemwe Banda – Acting Secretary for Health Peter Kumpalume – Minister of Health, Malawi
12:20 – 12:30	Group photo	
12:30 – 14:00	Lunch and press conference	

Time	Theme	Format/speaker
14:00 – 14:30	The Network's strategic objectives	Pierre Barker – Institute for Healthcare Improvement (IHI) Blerta Maliqi – WHO
14:30 – 16:30	<p>Review of the strategic objectives of the Network from the country and global perspectives</p> <p>Theme 1: LEADERSHIP – Build and strengthen national institutions and mechanisms for improving quality of care in the health sector</p> <p>Theme 2: ACTION – Accelerate and sustain implementation of quality of care improvements for mothers and newborns</p> <p>Theme 3: LEARNING – Facilitate learning, share knowledge and generate evidence on quality of care.</p> <p>Theme 4: ACCOUNTABILITY: Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care</p>	Group work
16:30 – 17:30	Feedback from the groups	Pascal Bijleveld
17:30 – 18:00	Reflections from agencies on how the network strategic objectives fit with regional priorities	Anneka Knutsson – United Nations Population Fund (UNFPA) Gabriele Fontana – UNICEF Phanuel Habimana – WHO
18:15	Reception hosted by the government of Malawi and the PMNCH	

Day 3 – Thursday, 16 February 2017: Country planning and next steps

Time	Theme	Format/speaker
08:30 – 09:30	Development and implementation of country plans	
	<ul style="list-style-type: none"> • Implementation guidance and the learning platform • Discussion 	Blerta Maliqi, Nabila Zaka, Pierre Barker
09:30 – 10:00	Monitoring and evaluation	Ben Nemser – UNICEF/WHO Kathleen Hill – Jhpiego/USAID's Maternal and Child Survival Program (MCSP)
10:00 – 10:30	Discussion	Theresa Diaz – WHO
10:30 – 11:00	Break	

Time	Theme	Format/speaker
11:00 – 12:30	Introduction to group work Review of country roadmaps Group work on: <ul style="list-style-type: none"> • country situation analysis • develop country plans • suggest next steps 	Zainab Naimy Country specific, self-facilitated working groups
12:30 – 13:30	Lunch	
13:30 – 15:00	Peer review of country roadmaps	2 countries per group, self-facilitated 5 working groups
15:00 – 15:30	Break	
15:30 – 16:30	Next steps: Highlights from country roadmaps and solutions	Feedback from country teams, facilitated panel
16:30 – 17:30	Moving forward as a Network Way forward Closing	Remarks by partners Anthony Costello Stefan Swartling Peterson Anneka Knutsson WHO, UNICEF, Government of Malawi

Annex 2. Committed to Quality, Equity and Dignity: Statement of the first meeting of the Network for Improving Quality of Care for Maternal, Newborn and Child Health

- Committing to the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3 to “ensure healthy lives and promote well-being for all at all ages”, in particular the targets to end preventable maternal and child mortality, and achieving universal health coverage;
 - Committing to the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), to reach its objectives of “Survive, Thrive and Transform”;
 - Welcoming the strong commitment of partners joined under the Every Woman Every Child movement to implement the Global Strategy and support quality, equity and dignity in maternal, newborn and child health services; and
 - Recognizing that, despite remarkable advances in the past two decades, maternal, newborn and child mortality, and stillbirths, remain unacceptably high, and that progress has been uneven across and within countries, often leaving behind the most vulnerable.
-
- We, the participants from nine countries¹¹ and from regional and global organizations, are joining forces to establish and lead the Network for Improving Quality of Care for Maternal, Newborn and Child Health;
 - We commit to work under a common vision in which every woman, newborn and child receives high-quality care with respect and dignity;
 - We strive to achieve the goal of halving maternal and newborn mortality and stillbirths in health-care facilities in each of our countries within five years, thereby working towards the overall national targets of ending preventable maternal and newborn deaths and stillbirths, and reducing morbidity and disability; and
 - We acknowledge that the ambitious goal put forward by the Network requires a massive, coordinated effort that should be inspired by joint learning and should go beyond the health sector.
-
- Building on the progress that Network countries have made to various degrees and in different aspects towards the delivery of quality care in health services, we – country, regional and global partners – commit to:
 - Align our contributions towards the national policy and strategy for quality of maternal, newborn and child care, and coordinate our actions in line with government priorities and plans;
 - Work under government leadership and in coordination with other key stakeholders to implement the national operational plan for improving quality in maternal, newborn and child health services;

¹¹ Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Uganda and the United Republic of Tanzania.

- Assist governments in building capabilities for leading and implementing the continuous improvement process and monitor its progress at national, district, facility and community level;
 - Support frontline teams to test and implement changes to improve local processes and systems to achieve high-quality care;
 - Support governments to generate, collect, analyse and synthesize data and learning from improvements in maternal, newborn and child health to identify effective, scalable and sustainable approaches;
 - Strengthen integration of maternal and newborn health, as well as integration with other sectors within and outside of health;
 - Engage communities and health workers, including through social accountability processes, ensuring that the voices of women are heard;
 - Promote health rights education and equitable services for all;
 - Facilitate global learning through exchange of best practices, expertise and experience within and between the countries, through active participation in national learning systems and the global learning network.
- Finally, as members of the Network, we gratefully acknowledge the technical leadership and support of the World Health Organization, UNICEF, UNFPA and the UN system at large to facilitate the Network, and enable transformation in health and sustainable development for every woman, newborn and child everywhere to survive and thrive.

Annex 3. PRESS RELEASE

Malawi commits to halve maternal and neonatal deaths over next five years as the country hosts a global conference on improving quality of care for maternal, new-born and child health.

The Governments of Malawi and eight other countries from Africa and South East Asia have committed to halve maternal, new-born and stillborn births. The commitment comes at a time Malawi and eight other countries launch the Network on the improvement of quality of care for maternal, neonatal and child health.

Through the Network for Improving Quality of Care for Maternal, New-born and Child Health the governments of Bangladesh, Cote d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania, and Uganda have committed to putting in place actions to improve the quality of care that pregnant women and new-borns receive in health facilities.

In the network UNICEF and WHO in collaboration with the government of Malawi seeks to broaden a unique focus on intervention coverage to include quality and equity by ensuring more people, particularly those who currently experience barriers in accessing the care are reached and dignity by ensuring that quality health services are delivered respecting the rights of the people seeking care.

"The vision of the network and its partners is for every pregnant woman, newborn and child to receive good quality care, especially in health care facilities," says Minister of Health Dr. Peter Kumpalume, MP, highlighting government's commitment to make a real difference to women and children across the country.

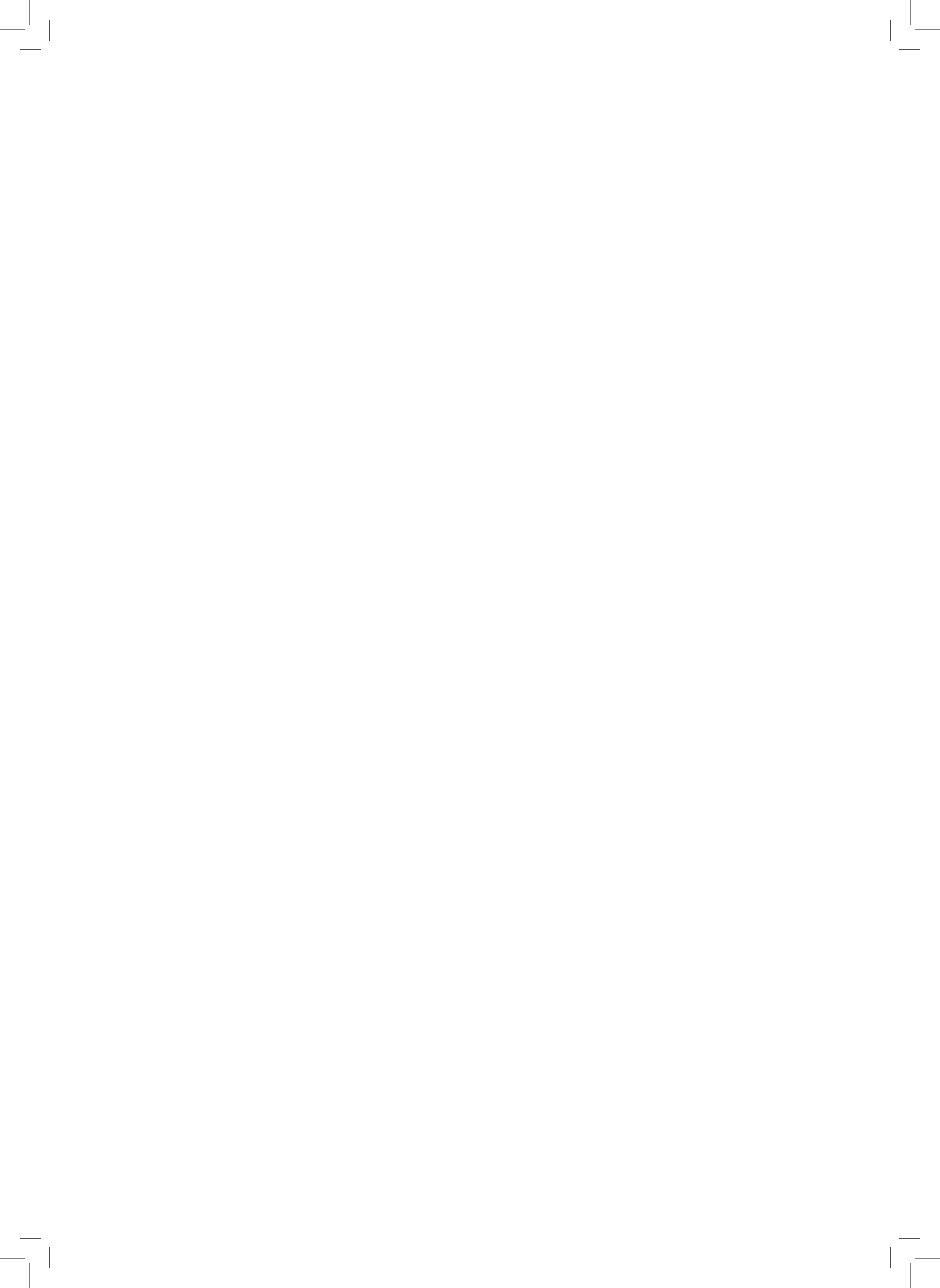
UNICEF Country Representative Johannes Wedenig says the time is now for the Government of Malawi and its development partners to ensure actions are coupled with investments in infrastructure, training and capacity building to ensure that all pregnant women and new born receive the best health services. "We believe that through collaborated efforts we can collectively reduce the number of mothers and new born babies who die during birth or immediately after birth," says Wedenig.

WHO Representative in Malawi Dr Eugene Nyarko says, "Malawi has the highest premature birth rate in the world, with 18 percent of all babies being born too early and 13 percent with low birth weight. Malawi has managed to almost halve child mortality since 1990, but as under-five child death rates fall, new-born deaths have increased as a share of overall child mortality."

The network on Quality of care on maternal, new-born and child health aims at building and strengthening national institutions and processes for improving quality of care in the health sector, accelerating and sustaining implementation of quality-of-care improvement packages for mothers, new-borns and children, facilitate learning, knowledge sharing and generation of evidence on quality planning, improvement and control and develop, strengthen and sustain institutions and methods for accountability for quality of care.

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