



Quality, Equity, Dignity

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



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

EVOLUTION, IMPLEMENTATION AND PROGRESS
2017–2020

May 2021

LEADERSHIP FOR QUALITY

A brief on progress and learning from implementation

“Without quality, universal health coverage remains an empty promise.”

Dr Tedros Adhanom Ghebreyesus, WHO Director General

In 2017 the Network for Improving Quality of Care for Maternal, Newborn and Child Health (the Network) committed to halving maternal and newborn deaths and stillbirths and to improving the experience of care for pregnant women, mothers and their babies by the end of 2022. To achieve its targets, the Network articulated [four strategic objectives](#) - Leadership, Action, Learning, Accountability.

The World Health Organization (WHO) report “[The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress. 2017-2020](#)” describes the Network progress towards its strategic objectives and lessons learned from implementation. This brief provides a summary of progress in implementing the LEADERSHIP strategic objective and emerging lessons.

At the outset of the Network, governments took the lead to co-develop and operationalize the Network strategic objectives and its related outputs and activities. They first developed or strengthened the strategies, structures and mechanisms for supporting the institutionalization of quality of care (QoC) for maternal and newborn health (MNH) within the national health systems. Activities were then directed towards action, learning and accountability.

Strategic Objectives of the Network



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

STRATEGIC OBJECTIVE: LEADERSHIP

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

OUTPUT 1: National and sub-national governance structures for quality of care are strengthened (or established) and are functioning

Key deliverables:

1. A national leadership structure for quality of care in health services established or strengthened;
2. A ministerial, multi-stakeholder steering group for quality improvement in maternal and newborn health services established or strengthened;
3. Quality of care committees in district health management teams established and functioning;
4. Quality of care committees in hospitals and quality improvement teams in health facilities established or integrated into existing structures, and functioning;
5. A liaison mechanism on quality issues set up between groups at national, district and health facility levels established and functioning.

OUTPUT 2: National vision, strategy and costed operational plan for improving quality of care in maternal and newborn health services is developed, funded, monitored and regularly reviewed

Key deliverables:

1. National vision, strategy and operational plan have been developed (with targets) for improving quality of care in maternal and newborn health services;
2. Partners are aligned and resources mobilized for the implementation of the national operational plan;
3. Implementation of the national operational plan costed, with funding from the budget allocated;
4. Human resources for implementation of the national plan have been committed, and roles and responsibilities of different stakeholders agreed;
5. Regular reviews of progress against targets are in place and the national plan is ready to be adjusted as required.

OUTPUT 3: National advocacy and mobilization strategy for quality of care is developed and implemented

Key deliverables:

1. Professional associations, academics, civil society and the private sector brought together and mobilized to champion the Quality of Care Network and support implementation;
2. A national advocacy and mobilization strategy developed with multistakeholder involvement and is implemented and monitored.

Country progress in implementing the LEADERSHIP strategic objective

Development of national QoC strategies and of MNH QOC roadmaps

A key focus of the Network's efforts has been to support countries to develop and update national QoC strategies and establish QoC governance structures. At the inception of the Network, it was agreed that developing a [national quality policy and strategy](#) (NQPS) and related structures would strengthen quality of care (QoC) governance and provide the [foundation for sustainable progress](#). The development of a NQPS included articulating a vision for QoC and defining the journey towards establishing a high-quality health system. As of November 2020, Ghana, Malawi, and Sierra Leone had developed their NQPS, while Bangladesh, Ethiopia and Tanzania are updating their strategies for finalization in 2021.

All countries established a technical working group (TWG) to galvanize partners around a common approach for QoC implementation, align resources, and build commitment towards sharing and disseminating emerging knowledge. As part of the overall QoC strategy, TWGs of Network countries developed roadmaps which prioritized the adaptation of [WHO standards for improving quality of maternal and newborn care](#) during childbirth and the postnatal period and the articulation of a MNH QoC package of interventions.

The QoC MNH roadmap helped countries define [activities to improve QoC](#) for MNH at all levels of the health system. It also enabled the alignment of government and partner's resources around a common MNH QoC agenda. While this coordination is important, it did not influence the implementation cycles of partners or change the predictability of funding.

Governance and coordination of QoC structures

By the end of 2020, all countries had set up QoC management structures within the ministry of health (MoH), compared to February 2017 when only Bangladesh, Ethiopia, Tanzania, and Uganda had such structures. These structures are important for sustaining the implementation of QoC and have resulted in governments dedicating domestic funding to operationalize them. Despite this initial investment, more funding is needed to scale up the implementation of QoC. When roles and responsibilities are not clear, tensions can develop between new QoC structures and existing programmes responsible for the provision of quality in services for maternal, newborn and child health.

Status of implementation for selected milestones under the LEADERSHIP strategic objective in 2020

	Bangladesh	Cote d'Ivoire	Ethiopia	Ghana	India	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda
National leadership for quality of care										
Quality of care (QoC) for maternal and newborn health (MNH) roadmap developed and being implemented	●	●	●	●	●	●	●	●	●	●
Supportive governance policy and structures developed or established	●	●	●	●	●	●	●	●	●	●

Legend:

● On track (achieved) ● In progress (initiated but not completed) ● Not started ● No information

Leading and developing a holistic systems' approach to support implementation of QoC improvement in Ethiopia

Ethiopia started to develop its QoC structures and related policies well before the launch of the Network. By 2016 the Federal MoH had established a well-functioning health service quality directorate (HSQD). It also launched the first National Quality Strategy in 2016 within which maternal and child health was one of five priority public health areas for QoC improvement. Based on this readiness, the MoH was one of the first countries to align with the vision of the Network and recognize the MNH QoC network as a national flagship initiative. The HSQD has provided a good platform for building collaboration and understanding across the quality and programme structures for QoC implementation. However, the engagement of programme directorates working on MNH in national quality initiatives, such as MNH QoC, still needs to be strengthened. A similar challenge exists at the regional level, sometimes leading to the duplication of efforts and competition for resources between the quality and programme structures.

Very early in the process to develop QoC structures, the MoH established a specific MNH QoC TWG that is part of the national quality TWG. The MNH QoC TWG mobilizes partners to provide technical and financial support for MNCH QoC, especially for learning districts.

The MNH QoC TWG also undertakes quarterly, biannual and annual reviews of the HSQD operational plan on MNH QoC.



Eight regional health bureaus and one city administration have also established quality TWGs to motivate partners and bureau staff to leverage available resources for the initiative at the subnational level. The staffing and functionality of these quality TWGs varies across regions, even more so since the Covid-19 pandemic.

To operationalize MNH QoC, the MoH has allocated specific funding to MNH QoC in 48 learning facilities within 14 learning sites/districts, to undertake QI projects, QI coaching and mentoring and to conduct learning collaborative sessions. This is in addition to the financial support provided by implementing partners.

LEADERSHIP levers that enhance QoC implementation

The report highlights a set a of critical levers for enhancing the implementation of the LEADERSHIP strategic objective:

- **It takes a whole health system to improve QoC.**

The QoC agenda has advanced in countries that developed national quality policies and strategies, started to set up dedicated quality improvement structures across all levels of the health system, and established accountability mechanisms.

- **Government leadership and long-term commitment is a prerequisite for success.** This leadership is critical

for aligning partners and investments, allocating domestic resources in support of QoC structures and systems and strengthening accountability for QoC implementation.

- **QoC requires dedicated and sustained investment and partnership.** The QoC agenda does not exist in isolation. It must be integrated with other ongoing health system strengthening efforts and supported by predictable and continuous technical assistance.



The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress. 2017-2020 report. Leadership for quality: a brief on progress and learning from implementation

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