The Global Quality Landscape: A systems approach to improving QOC using MNCH as a pathfinder

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“The success of UHC depends on all people having access to evidence-based care that is safe, effective and people-centred.

Without quality, there is no UHC.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General
1. THE CASE FOR QUALITY
2018 - Affirming quality for impact
Deaths due to poor quality

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.

- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.

- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received poor quality care.
Quality plays major role across conditions

[Bar chart showing deaths amenable to health care (100,000s) for various conditions, such as Cardiovascular diseases, Neonatal, Tuberculosis, Road injuries, Chronic respiratory, Cancer, Mental health, Other infectious, HIV/AIDS, Vaccine preventable, Gastro-intestinal diseases, Congenital, External, Maternal, Diabetes, and Neglected tropical diseases. The chart distinguishes between deaths due to poor quality and non-utilization.]
Provision of Care is Poor

Poor quality of primary care: <50% providers adhered to evidence-based treatment

Hospitals are unsafe: 134 million adverse events occur in LMIC hospitals each year, contributing to 2.5 million deaths annually.

Even in high-income countries: 1 in 10 patients is harmed while receiving health care.

LMI countries: 40% health care facilities lack running water. 20% health care lack sanitation
Patient Experience of Care is Poor

- 1/3 patients experience disrespectful care, short consultations, poor communication, or long wait times (HQSS).

- Less than 1/4 of people in LMICs believe that their health system works well (vs 1/2 in high-income countries) (HQSS)

- Women experience abuse, lack of respectful compassionate care, and exclusion from care decision-making during childbirth.
Overuse and Waste is Rife

- 20–40% of all health sector resources are wasted: inappropriate medicine use, suboptimal human resources mix, overuse or oversupply of equipment, corruption, and underuse of infrastructure (WHO)

- Costs of lost productivity alone amount to between $1.4 and $1.6 trillion each year (NASEM) or economic welfare losses of $6 trillion (HQSS)
2. THE RESPONSE: WHAT IT TAKES TO DEVELOP AND STRENGTHEN QUALITY HEALTH SYSTEMS?
Quality of care is...

"...the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge."

US Institute of Medicine

Utilization x Quality = Health

- Improving quality implies change
- Quality is multi-dimensional
- Quality is the product of individuals working with the right attitude in the right system
1. Govern for quality

- Create a shared vision
  - Donors
  - Policy makers
  - Managers
  - Providers
  - Quality Policy

- Develop learning systems
  - Regular data use
  - Successes
  - Failures

- Ensure accountability
  - Standards
  - Citizens
  - Transparency
  - Redress

- Build partnerships
  - Public Sector
  - Ministry of Health
  - Private Sector
  - Other Ministries
2. Redesign service delivery to maximize outcomes; involve other sectors

- Conditions that demand advanced clinical expertise
  - Tertiary
- Low-acuity conditions requiring coordinated, continuous care
  - Primary
3. Transform health workforce

Strengthen health professional education

Build an enabling work environment beyond graduation
4. Ignite demand for quality care
5. Measure what matters, efficiently, and transparently

- Health
- Competent care & systems
- Patient experience
- Confidence
3. QUALITY AND MNCH
The vision

“Every woman, newborn, child and adolescent receives quality health services throughout the continuum of their life course and level of care”
Strategic work areas to support MNCAH quality of care
Quality of care framework for MNCH standards
4. ONWARDS TO ACTION
What drives the Network

Vision

Every pregnant woman and newborn infant receives quality care throughout pregnancy, childbirth and the postnatal period, with equity and dignity.

Goal

Reduce maternal and newborn deaths and stillbirths in participating health facilities by 50% over five years, and improve experience of care.
**Strategic Objectives:**

**A pathway to implementation**

**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
Country implementation approach

Preparation for implementation:
- Establish national policy, strategy and structures
- Build a broad coalition of stakeholders
- Undertake landscape analysis and review of QOC data
- Develop an operational roadmap and identify learning districts and facilities
- Adapt and adopt guidelines and quality of care standards
- Agree indicators and monitoring framework
- Build capability for quality improvement interventions

Implementation districts and facilities:
- Programmatic milestones
  - Outcomes: QED common indicators
  - QI: MNH catalogue of indicators

Measure progress and impact:
- On-site support QI
- Learning
- Measurement
- Community & stakeholder engagement
- Programme management

Learning Health Systems
Actions for quality at the national, district and service delivery levels: MNCH as a pathfinder

Good quality care for women, newborns and children: 50% reduction in mortality and improved experience of care

Right staff enabled to deliver the right care in the right way at the right time

On-site support

Learning

Measurement

Community & stakeholder engagement

Programme management

Patient, family and community engagement and empowerment

Facility level quality interventions to reduce harm and improve quality of care

Quality interventions to improve the system’s ability to deliver good quality care

Policies, strategies, structures to support quality of care for MNCH
Create a QoC Learning Network within and between Countries

LEARNING OPPORTUNITIES
- Learn across countries for replication
- Learn across districts for scale-up
- Learn across facilities, communities for effective district management

Frontline QI teams learn within facility and community for better patient care
QoC Data Collection

Common Measures

Implementation Milestones

District Performance Measures (Catalogue)

QI Measures (Catalogue)

Facility that conducts deliveries (all levels)

Community

National (Management & Policy)

District (Management)

International
Three families of indicators

1. A catalogue of facility level QI indicators
2. A subset of indicators for routine monitoring of QoC
3. Programme management indicators
Catalogue of facility level QI indicators

• Flexible menu of prioritized indicators (not prescriptive) linked to WHO quality statements in eight standards
• For use by QI teams (at facility level) to support rapid improvement of specific care processes and health outcomes
• May require purpose built data collection systems (e.g. checklist, column added to registers).
Three families of indicators

2. Subset of indicators for routine monitoring of QoC

- Prioritized input, process and outcome indicators suitable for routine monitoring and integration into HMIS or DHIS2
Three families of indicators

3. Programme management indicators or implementation milestones
   • Track whether the QoC programme is being implemented as intended
Four components of the QED monitoring framework

1. Facility level QI indicators
2. District or regional level performance indicators
3. Common indicators
4. Implementation milestones
## Annex 1. Common Indicators for Monitoring Across Network Countries – Based on Consultations with Country and Global Stakeholders in 2017

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Operational Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
<th>Frequency of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pre-discharge Maternal deaths</td>
<td>Number of women who delivered in the facility and died prior to discharge</td>
<td>Number of women who delivered in the facility and died prior to discharge</td>
<td>N/A (count indicator)</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
</tr>
<tr>
<td>2 Maternal deaths by cause (pre-discharge)</td>
<td>Number of institutional pre-discharge maternal deaths by cause (ICD-MM)</td>
<td>Number of maternal deaths by cause (ICD-MM) among women who delivered in the facility and died prior to discharge</td>
<td>N/A</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
</tr>
<tr>
<td>3 Neonatal deaths by cause (pre-discharge)</td>
<td>Number of institutional pre-discharge neonatal deaths (28 days or less) by cause (ICD-PM)</td>
<td>Number of neonatal deaths by cause (ICD-PM) among babies born live in the facility who die prior to discharge from the facility (up to 28 days of completed life). This excludes readmission for illness.</td>
<td>N/A</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
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<tr>
<td>4 Institutional stillbirth rate (disaggregated by fresh and macerated)</td>
<td>Percentage of babies born in a health facility with no signs of life at birth</td>
<td>Number of babies delivered in a facility with no signs of life and born weighing at least 1000 grams or after 28 weeks of gestation, per 1000 births (alive or dead at birth)</td>
<td>Number of babies born in the facility (live and stillbirth)</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
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<td>5 Pre-discharge neonatal mortality rate</td>
<td>Percentage of babies born live in a facility who die prior to discharge</td>
<td>Number of babies born live in a facility who die during the first 28 of completed days of life and die prior to discharge from the facility, per 1000 live births in a given year or period</td>
<td>Number of babies born in the facility (live and stillbirth)</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
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<tr>
<td>6 Obstetric case fatality rate (disaggregated by direct and indirect causes when possible)</td>
<td>Percentage of women who delivered at the facility and experienced complications (regardless of time of onset) and died from these complications before discharge</td>
<td>Number of women who delivered at the facility and experienced complications (regardless of time of onset) and died from these complications before discharge (obstetric and non-obstetric complications)</td>
<td>Number of women who delivered at the facility and experienced complications (obstetric and non-obstetric)</td>
<td>HMIS/facility register</td>
<td>Monthly</td>
</tr>
<tr>
<td>7 Pre-discharge counselling for mother and baby</td>
<td>Proportion of women who received pre-discharge counselling for the mother and the baby in a given period</td>
<td>Number of women who received pre-discharge counselling for the mother and the baby in a given period (for minimum elements)</td>
<td>Number of women who delivered at the facility</td>
<td>Client questionnaire (sample of women) (e.g. exit interview)</td>
<td>Quarterly</td>
</tr>
<tr>
<td>8 Companion of choice</td>
<td>Proportion of women who wanted and had a companion supporting them during [labour] [childbirth] in the health facility</td>
<td>Number of women who wanted and had a companion supporting them during [labour] [childbirth] in the health facility</td>
<td>Number of women who wanted a companion during [labour] [childbirth] in the health facility</td>
<td>Client questionnaire (sample of women)</td>
<td>Quarterly</td>
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</tbody>
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| 9   Women who experienced physical or verbal abuse in labour, childbirth or postpartum period | Proportion of women who report physical or verbal abuse at any time during labour, childbirth or postpartum period  
(Physical abuse includes: slapped, pinched or punched by a health worker or other facility staff. Verbal abuse includes: shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff.*) | Number of women who report physical or verbal abuse during labour or childbirth | Number of women interviewed                                                                      | Client questionnaire (sample of women) (e.g. exit interview) | Quarterly                    |
| 10  Newborns breastfed within one hour                                    | Percentage of newborns born alive in a facility who are breastfed within one hour of birth                                                                                                                                  | Number of babies born alive in a facility who are breastfed within one hour of birth | Number of babies born alive in the facility                                                     | HMIS/facility register           | Monthly                      |
| 11  Immediate postpartum uterotonics for PPH prevention                   | Percentage of women who gave birth in a facility who received a prophylactic uterotonics immediately after birth (ideally within one minute) for prevention of PPH | Number of women who gave birth in a facility who received a prophylactic uterotonics immediately after birth (ideally within one minute) for prevention of PPH | Number of women who gave birth in the facility                                                  | HMIS/facility register           | Monthly                      |
| 12  Newborns with birthweight documented                                 | Percentage of babies born in a facility with birthweight documented                                                                                                                                                    | Number of babies born (live births and stillbirths) in a facility with documented birthweight | Total number of babies born in the facility (live births and stillbirths)                        | HMIS/facility register           | Monthly                      |
| 13  Premature babies initiating KMC                                      | Proportion of newborns weighing ≤ 2000 grams who are initiated on KMC                                                                                                                                                | Number of newborns weighing ≤ 2000 grams who are initiated on KMC (or admitted to KMC unit if separate unit exists) | Total number of newborns weighing ≤ 2000 grams                                                   | HMIS/facility register           | Monthly                      |
| 14  Basic hygiene provision                                               | Proportion of QED facilities in which delivery rooms have at least one functional handwashing station with water and soap available                                                                                   | Number of QED facilities in which all [at least one] delivery room(s) have at least one functional handwashing station with water and soap available | Number of QED facilities assessed                                                              | Facility survey (e.g. district supervision) | Quarterly                    |
| 15  Basic sanitation available to women and families                     | Proportion of QED facilities with basic sanitation available for women during and after labour and childbirth (clean running water, waste disposal facilities, toilets and sanitation material for women) | Number of QED facilities with basic sanitation available for women during and after labour and childbirth | Number of QED facilities assessed                                                              | Facility survey (e.g. district supervision) | Quarterly                    |

*Physical and verbal abuse questions based on WHO multicountry study and validation of survey questions.
HMIS: health management information system; ICD-MM: WHO application of ICD-10 to deaths during pregnancy, childbirth, and puerperium; ICD-PM: WHO application of ICD-10 to deaths during the perinatal period; KMC: kangaroo mother care; N/A: not applicable; PPH: postpartum haemorrhage; QED: Quality Equity Dignity.
Timeline: The Network for Improving Quality of Care (QoC) for Maternal, Newborn & Child Health (January 2016–March 2019)

**January 2016**
- First draft implementation guidance
- Effective implementation interventions proposed

**June 2016**
- Orientation on QoC standards & implementation science
- Rapid mapping of QoC situation in selected countries

**August 2016**
- Official launch of the WHO standards for improving quality of maternal and newborn care in health facilities

**October 2016**
- Governments of nine pathfinder countries initiate engagement at the national level and prepare to join the Network
  - Bangladesh
  - Côte d'Ivoire
  - Ethiopia
  - Ghana
  - India
  - Malawi
  - Nigeria
  - Uganda

**March 2018**
- Countries leading implementation:
  - Preparations for learning district orientation
  - Defining national QoC improvement packages
  - Development of monitoring framework

**December 2017**
- Action: From roadmaps to implementation (Dar es Salaam meeting)
- Sierra Leone joins the Network

**From March 2017 and through 2018**
- Network working groups:
  - Implementation methods
  - Monitoring
  - Advocacy for Quality, Equity, Dignity

- Webinar series:
  - Series 1: Point of care quality improvement for maternal and newborn health
  - Series 2: Quality of Care Country Highlights
  - Series 3: Water, sanitation and hygiene for improved quality of care

**February 2017**
- Launch of the Network in Lilongwe

**Leadership:**
- Joint statement, 14 February 2017
- Network strategic objectives of Leadership, Action, Learning, Accountability

**April 2018**
- Who standards for improving quality of care for children and young adolescents in health facilities

**September 2018**
- Start of the Quality Talks podcast
  - Stories of healthcare professionals who are experienced in running and managing quality of care initiatives, whether at a very small scale or country-wide
  - https://quality-talks.blubrry.net/

**November 2018**
- Capability development of country teams:
  - Orientation workshop for technical resource persons supporting implementation
  - Forge a common understanding & approach in setting up, facilitating and monitoring implementation
  - Harvest learning for scaling up of quality of care in the Network countries

**March 2019**
- 2nd Meeting of the Network for Improving Quality for Maternal, Newborn and Child Health:

**Accountability:**
- Demonstrating accountability and learning from implementation
  - Country data
  - Learning
### 10 countries journey towards QOC for MNCH (as of March 2019)

#### Implementation milestones

<table>
<thead>
<tr>
<th>National leadership for quality of care (QoC)</th>
<th>Bangladesh</th>
<th>Côte d'Ivoire</th>
<th>Ethiopia</th>
<th>Ghana</th>
<th>India</th>
<th>Malawi</th>
<th>Nigeria</th>
<th>Sierra Leone</th>
<th>Tanzania</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive governance policy and structures developed or established</td>
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<tr>
<td>QoC for maternal and newborn health (MNH) roadmap developed and being implemented</td>
<td>✔️</td>
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<tr>
<td>Learning districts and facilities selected and agreed upon</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>QoC implementation package developed</td>
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<tr>
<td>Adaptation of MNH QoC standards</td>
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</tbody>
</table>

#### Action: Learning sites identified and prepared

| Orientation of learning districts and facilities | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| District learning network established and functional (reports of visits) | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| QoC coaching manuals developed | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| Quality improvement (QI) coaches trained | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| On-site coaching visits occurring in learning districts | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |

#### Learning and accountability: QoC MNH measurement

| QoC for MNH baseline assessment completed | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| Common set of MNH QoC indicators agreed upon for reporting from the learning districts | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| Baseline data for MNH QoC common indicators collected | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| Common indicator data collected, used in district learning meetings, and reported upwards | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
| Identification and agreement with an academic or research institution to facilitate documentation of lessons learned in the implementation of QoC activities | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |

#### Accountability and community engagement

| Mechanism for community participation integrated into QoC planning in learning districts | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ |
Resources to support QOC for MNCH implementation as pathfinder for health systems strengthening

- MNH QOC standards, Pediatric QOC standards
- QoC implementation guidance and related tools
- QoC monitoring guidance, QoC MNH common indicators, catalogue of QI indicators
- QOC interventions toolkit

http://www.qualityofcarenetwork.org/
Get involved

Website of the Network for Improving Quality of Care for Maternal, Newborn and Child Health [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org)

Community of Practice for Quality of Care
Request to join: through the website: [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org) or directly [bit.ly/CoPRegister](http://bit.ly/CoPRegister)

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Monthly updates (subscribe on [www.qualityofcarenetwork.org](http://www.qualityofcarenetwork.org))

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Thank You
Measuring health system quality using effective coverage care cascades

Effective coverage care cascade for routine childbirth care