



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 REPORT

May 2021

## Summary brief

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

Dr Tedros Adhanom Ghebreyesus, WHO Director General

In February 2017, 10 countries – Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, Uganda and the United Republic of Tanzania – together with the World Health Organization (WHO) and supported by a coalition of technical and implementing partners, established the Network for Improving Quality of Care for Maternal, Newborn and Child Health (the Network). The Network aims to accelerate achievement of universal health coverage goals with a focus on quality. Driven by the values of equity and dignity, all countries in 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 these targets, the Network agreed to pursue four strategic objectives: Leadership, Action, Learning, and Accountability, as a framework for implementation of its activities and the key ingredients for impact.

“The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress. 2017-2020 report” documents the evolution of the Network since its launch in 2017. The report describes the Network formation, operationalization, and how it catalysed the introduction and implementation of quality of care (QoC) policy change, partner and resource alignment and learning at the country and global levels. It reflects on successes and shortfalls during QoC implementation for maternal and

newborn health (MNH) and identifies the levers of change that shaped the implementation of QoC strategy and approach by the Network countries.

### The Quality of Care Network: Evolution and country-led implementation

The Network was purposefully established as a platform to facilitate the formation of alliances around QoC for maternal, newborn and child health, and to enable the sharing of learnings around QoC implementation among countries and partners.

The Network’s country implementation approach builds on principles of government leadership and multistakeholder partnerships. The approach is driven by the development of a common MNH QoC implementation agenda and a commitment to using learning and data to guide the implementation and foster accountability. The implementation approach calls for the ministries of health to align a broad coalition of partners and resources to develop national policies, strategies and structures for QoC in health services. Together, this partnership supports implementation through facilitating quality improvement activities such as onsite support, learning, QoC measurement, community and stakeholder engagement and programme management.



## Learning from implementation: Levers that enhance quality of care implementation

The report highlights a set a of critical levers that countries interested in implementing QoC at scale need to consider.



### Leadership

- **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 predicable and continuous technical assistance.



### Action

- **Health systems operate in different contexts which impact the pace of QoC development, adaptation and implementation.** Countries progress better when their QoC structures and strategy are anchored in their existing health system architecture and reflect their actual capacity to reach targets. Improving MNH quality at the point of care will only bring about small-scale changes if systemic and resource gaps are not addressed.
- **Building quality improvement capabilities is necessary for sustaining the provision of QoC.** QI capabilities in many countries' health systems are still limited and QI capacity-building requires time and investment. Preservice education should include a focus on building the QI knowledge of health workers. At the same time, health services management must change to embrace a QoC culture and encourage QI as a method of work across all levels.



### Learning

- **Designing, implementing and monitoring a comprehensive and adaptable QoC programme at the district/regional levels is critical.** Designing QoC for MNH programmes at district levels must include communities and stakeholders from the very beginning. Even the best programme designs will not show impact if implemented poorly, not monitored or are neither context sensitive nor adaptable.
- **Documenting and sharing lessons from QoC initiatives can help build more effective programmes and it requires trust.** Learning from QoC initiatives can be transferable to other QoC programmes when they document and respond to why improvement ideas worked or not. Countries must be willing to share their data and lessons so other countries can apply the learning to their own implementation context. Building trust among members of the Network is critical for the sharing of lessons within and between countries.
- **The Network offers a valid platform for rapid South-South learning and accelerated progress in QoC.** The Network provides a facilitated platform of collaboration for countries and partners to work together under a common vision, to codesign and engage in joint implementation. The Network has provided a trusted and safe space where QoC country leadership and stakeholders can meet, partner, and exchange ideas and solutions to implementation challenges.



### Accountability

- **Investing early and intentionally in the development and strengthening of data systems for QoC is essential.** Opportunities should be leveraged to integrate MNH health QoC measurement efforts within broader initiatives to improve health information systems. Integrating relevant QoC indicators in routine health information systems also strengthens accountability for QoC.
- **Engaging communities and stakeholders in designing and implementing QoC for MNH programmes paves the way to progress and ensures accountability for QoC.** This engagement is critical to help identify gaps, prioritize concerns and monitor performance. When community engagement mechanisms are in place, they provide a powerful avenue to ensure accountability for results.
- **Demonstrating impact of quality improvement activities takes time.** Quality improvement interventions implemented at the health facility level can show tangible results in a short time. However, if an impact assessment is conducted too early in the implementation process, demonstrating the impact of quality improvement initiatives implemented in multiple health facilities, with varying focus, intensity and timing, will likely be limited.

## The way forward

The report recognizes that the Network countries must build on the results of their efforts so far to institutionalize, sustain and scale up QoC within national health care systems. Network countries must strengthen their health systems foundations and update the national health information system to include QoC metrics for MNCH and other programmes. Governments and partners should continue to work to increase domestic resources for improving QoC and to align the support of strategic investments such as the Global Financing Facility, the Global Fund and other funding mechanisms.

Network countries and partners will have to integrate and strengthen accountability mechanisms and ensure systematic involvement of stakeholders and communities to improve QoC. The involvement of academic institutions will be critical to support the development and implementation of a national learning platform for QoC.

Continued engagement with governments and partners will be required to sustain the gains made, and to strengthen the institutionalization of QoC for maternal, newborn and child health. Strengthening the Network partnership to reflect changes in country priorities and context will be needed to maintain the relevance and effectiveness of the Network. For this, WHO must continue to play its pivotal convening role and facilitate knowledge sharing and learning at all levels of implementation. Experiences from implementation in the Network countries is informing development of fresh normative guidance on how to implement QoC programmes across the Network partnership. The lessons learned from this experience can be used to inform the scaling-up of QoC activities for maternal, newborn and child health within and beyond the Network countries.



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