

Key considerations for the
GFF process

Delivering Quality Health Services for Women, Children, and Adolescents



Session Outline

Moderator: Dr. John Borrazzo, GFF Secretariat

Panelists:

- Dr. Blerta Maliqi, WHO (Geneva)
- Mrs. Traoré Salamatou, Coalition for Family Planning (Niger)
- Mrs. Jacqueline Mahon, UNFPA (Tanzania)
- Dr. Tajudeen OYEWALE, UNICEF (Pakistan)



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

Dr. Blerta Maliqi

*Department of Maternal, Newborn, Child, Adolescent Health and Ageing
World Health Organization, Geneva*

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

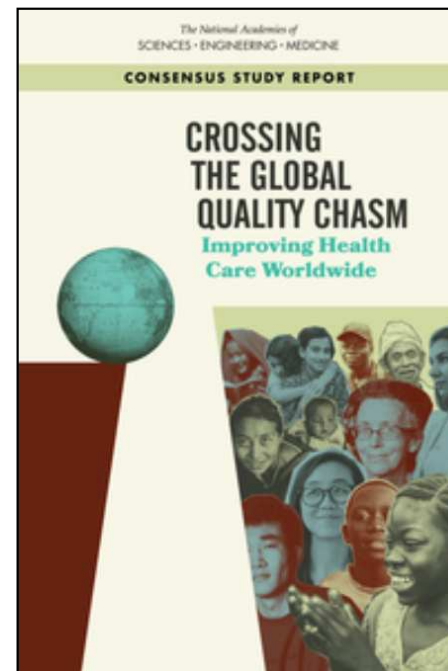
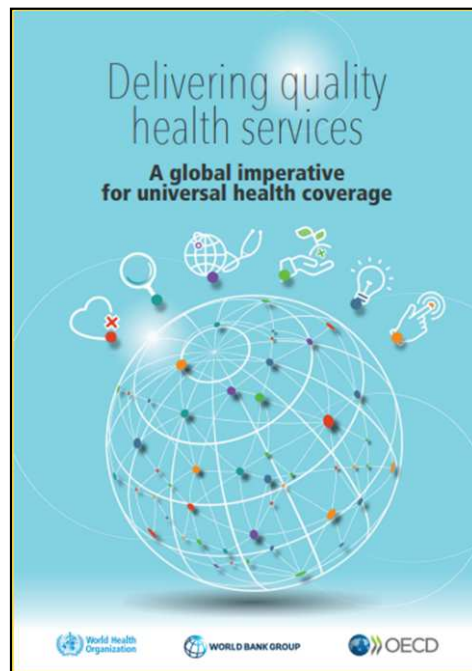
Without quality, there is no UHC.”

**Dr Tedros Adhanom Ghebreyesus
WHO Director-General**



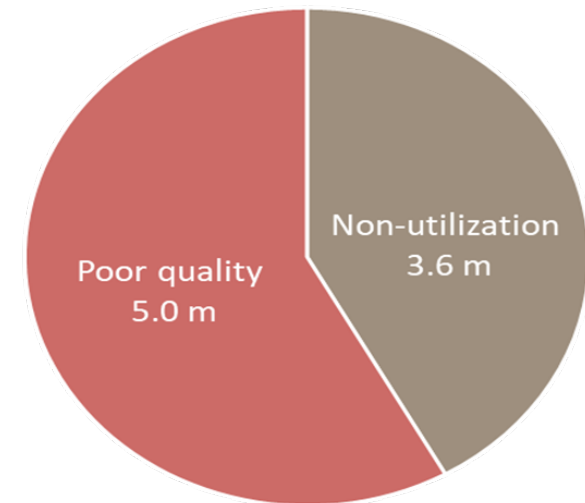
1. THE CASE FOR QUALITY

2018 - Affirming quality for impact

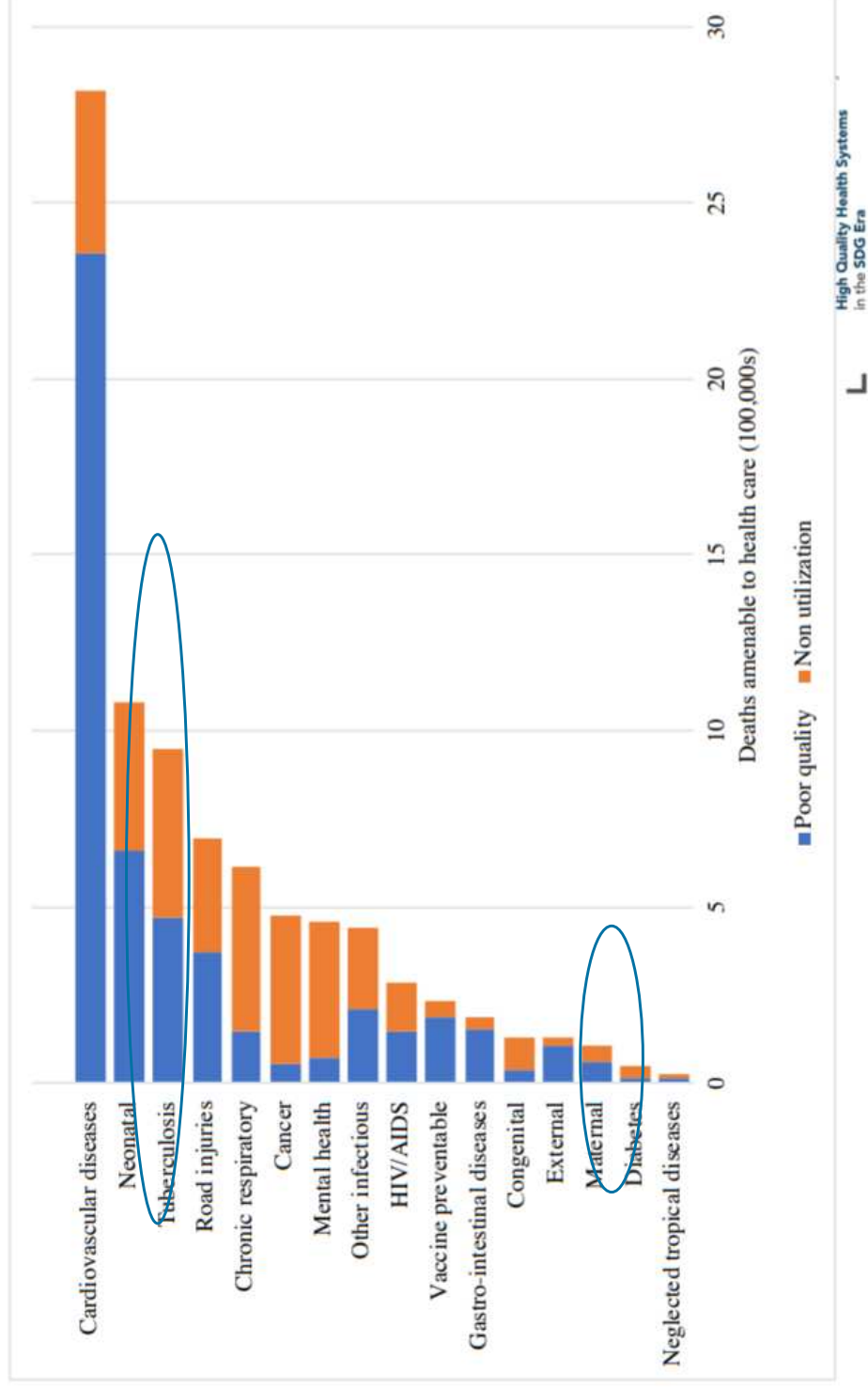


Deaths due to poor quality

- **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



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."

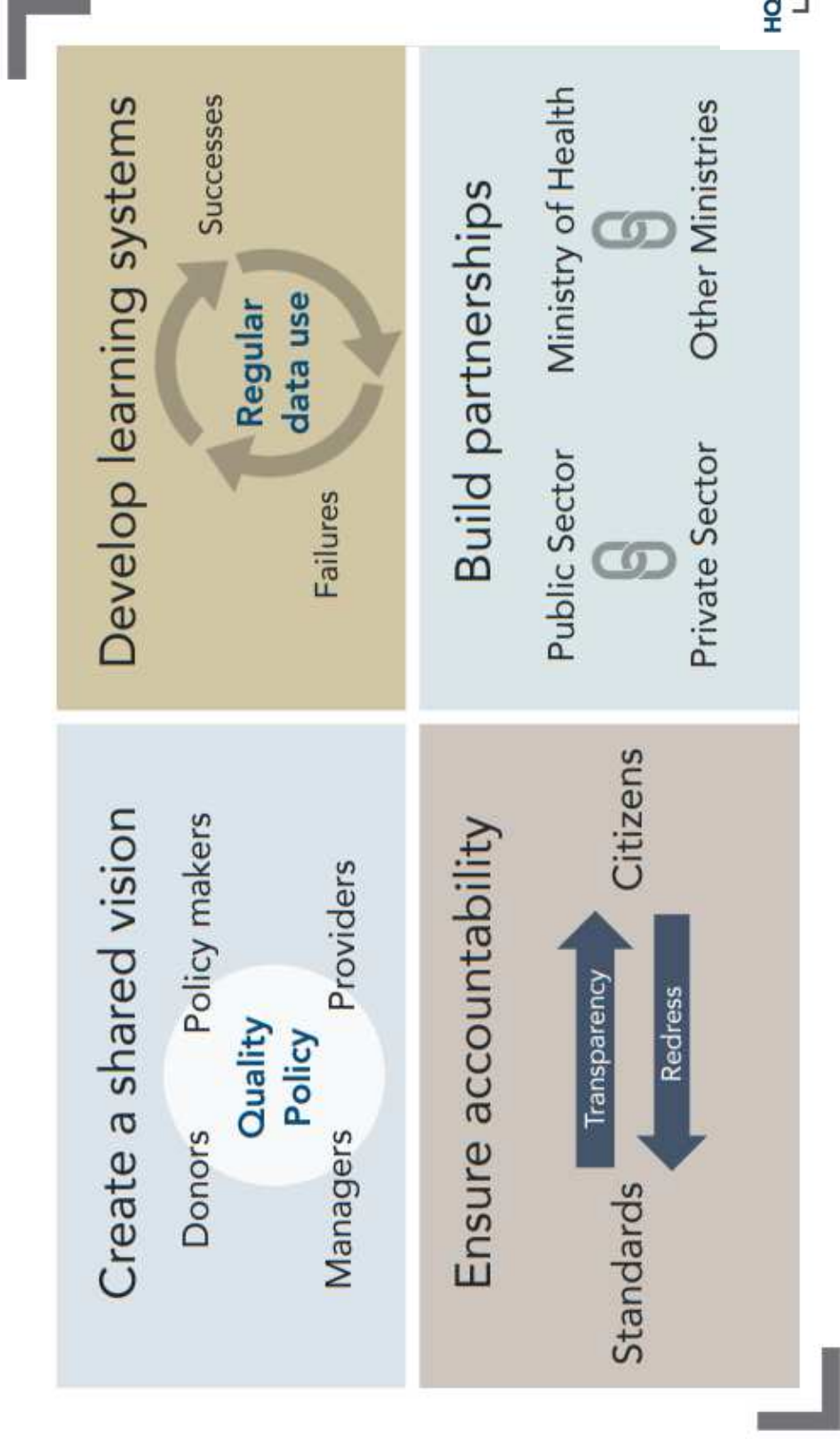
US Institute of Medicine



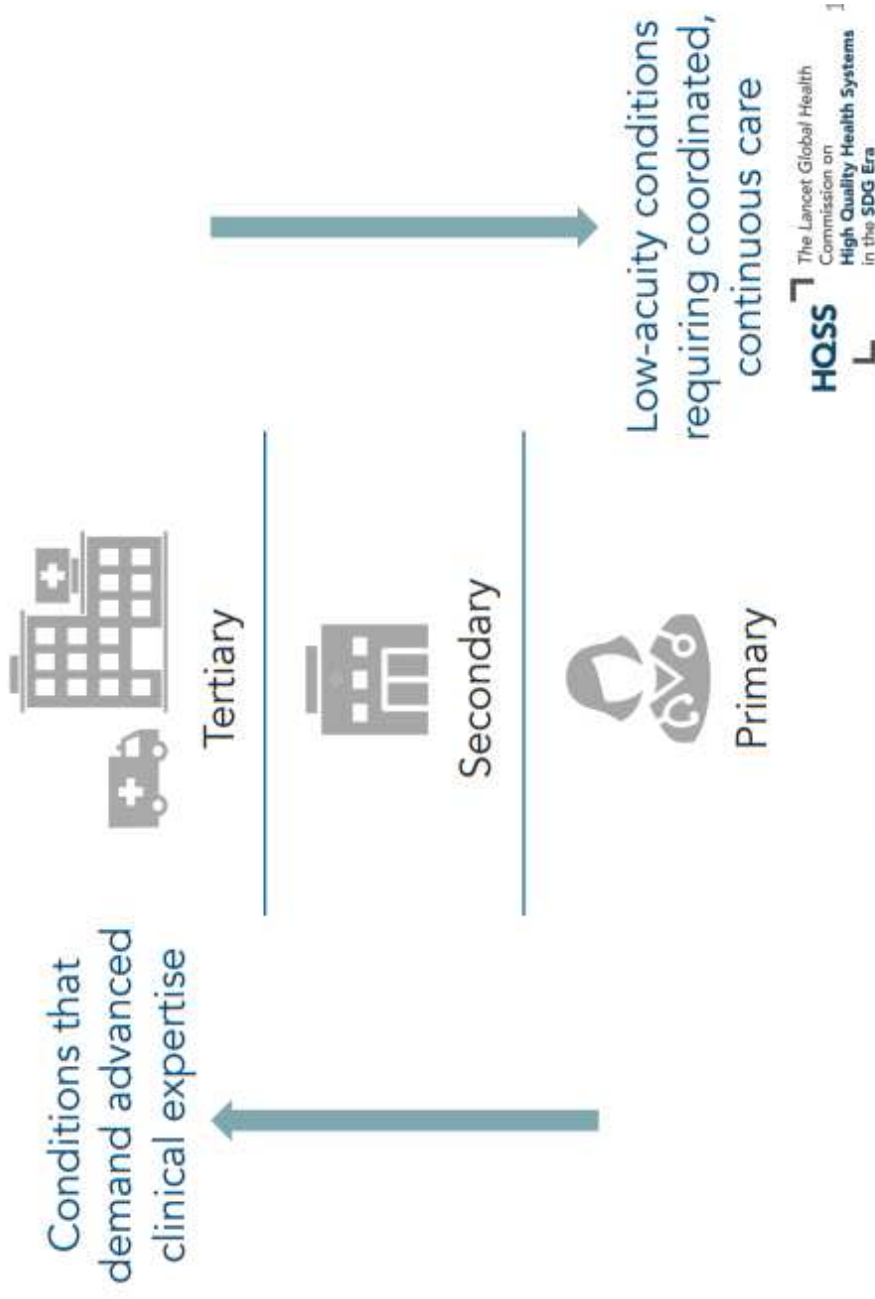
Utilization x **Quality** = Health

- 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



2. Redesign service delivery to maximize outcomes; involve other sectors



3. Transform health workforce

Strengthen
health
professional
education

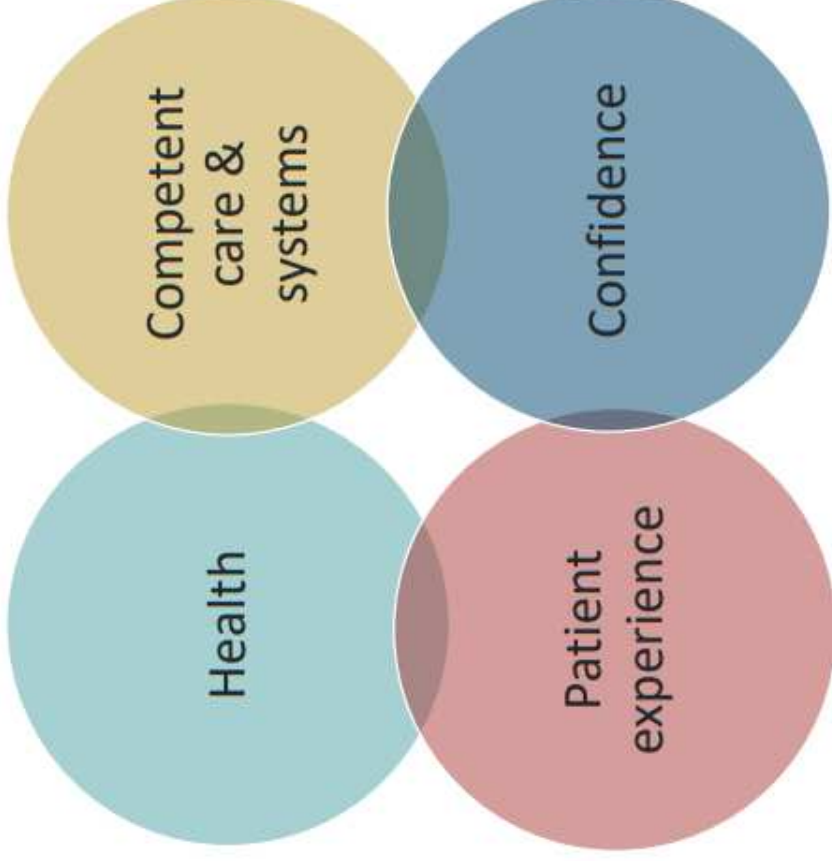
Build an
enabling work
environment
beyond
graduation



4. Ignite demand for quality care



5. Measure what matters, efficiently, and transparently



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”**

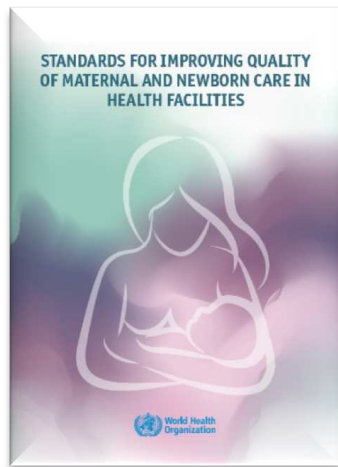
DOI: 10.1111/1471-0528.13451
www.bjog.org

Commentary

Quality of care for pregnant women and newborns—the WHO vision

Ö Tunçalp,^a WM Were,^b C MacLennan,^b OT Oladapo,^a AM Gülmezoglu,^a R Bahl,^b B Daelmans,^b M Mathai,^b L Say,^a F Kristensen,^c M Temmerman,^a F Bustreo^c

Quality of care framework for MNCH standards

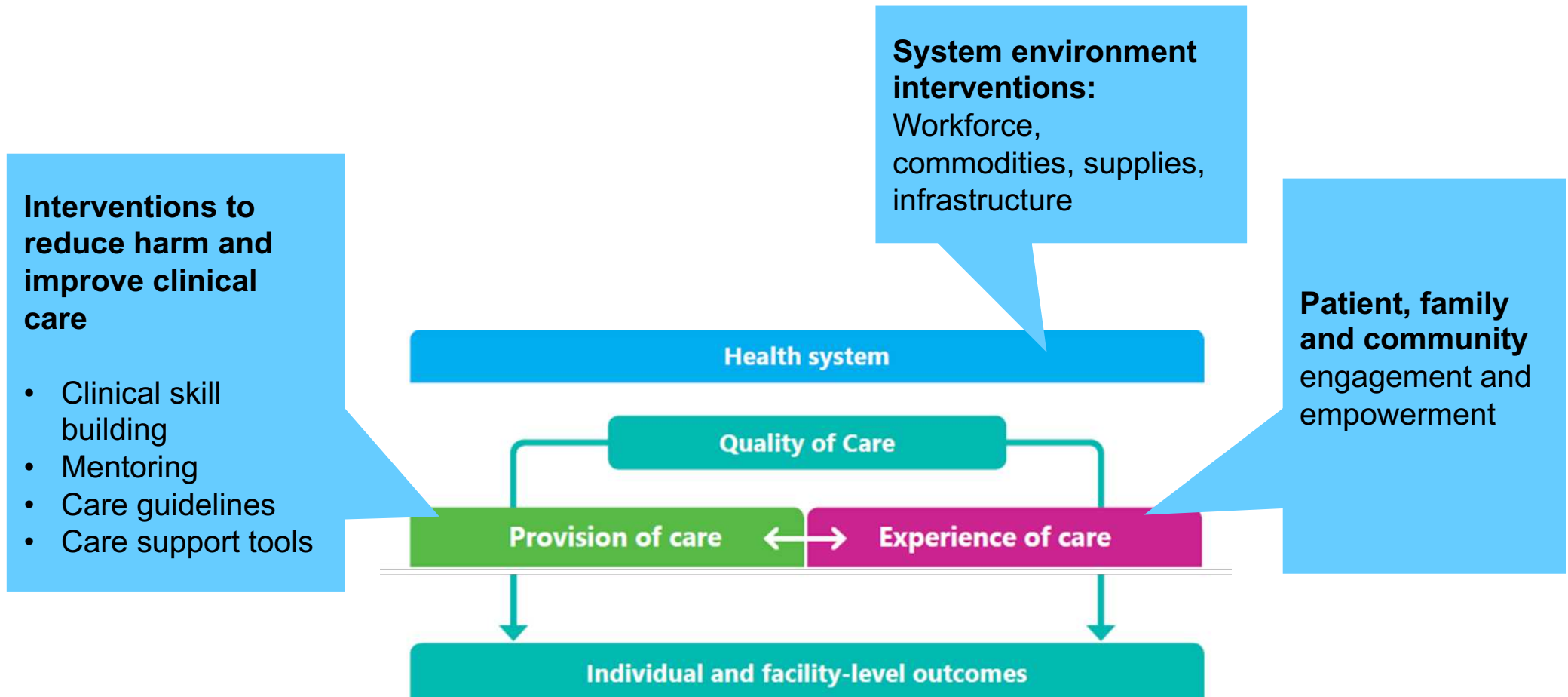


2016



2018

Quality interventions to support delivery of MNCH quality of care standards



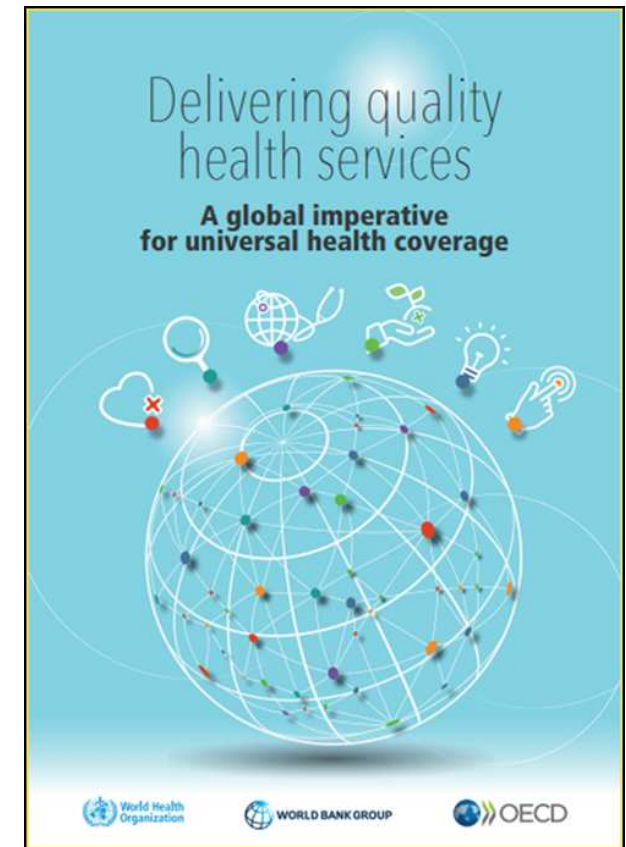
4. ONWARDS TO ACTION AND INVESTMENT

Country focussed!

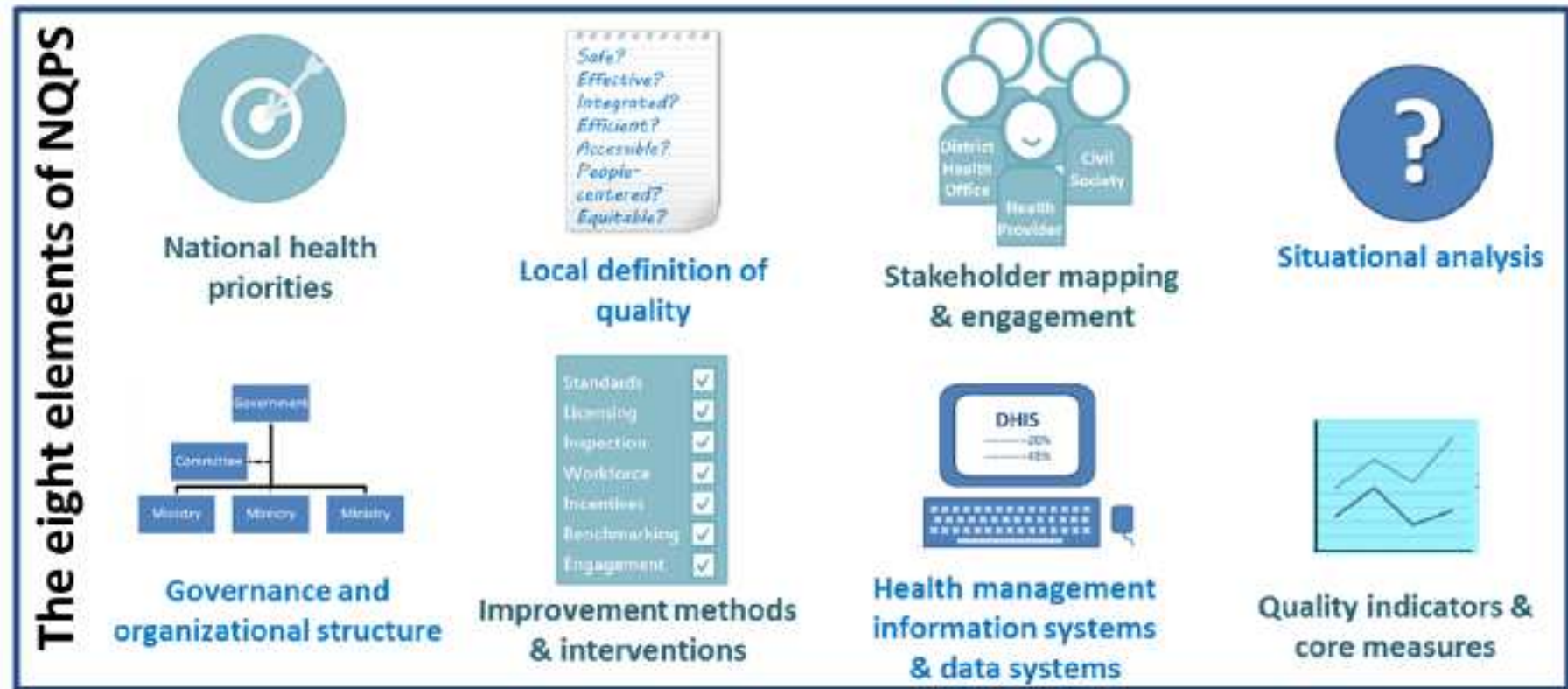
Each country will have its own **pathway**
for quality

The process of defining quality through stakeholder engagement & consensus building is crucial in establishing a robust foundation for national action on quality

Nationally driven...globally informed!



National Quality Policy & Strategy – Eight Elements



Operational planning

Integration of technical programmes

Tools & resources

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



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

10 countries journey towards QoC for MNCH (as of March 2019)



Implementation milestones

Key: ● completed ● in progress ● not started or incomplete ● no data

National leadership for quality of care (QoC)	Bangladesh	Côte d'Ivoire	Ethiopia	Ghana	India	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda
Supportive governance policy and structures developed or established	●	●	●	●	●	●	●	●	●	●
QoC for maternal and newborn health (MNH) roadmap developed and being implemented	●	●	●	●	●	●	●	●	●	●
Learning districts and facilities selected and agreed upon	●	●	●	●	●	●	●	●	●	●
QoC implementation package developed	●	●	●	●	●	●	●	●	●	●
Adaptation of MNH QoC standards	●	●	●	●	●	●	●	●	●	●
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/](http://www.qualityofcarenetwork/)



World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland



COALITION OF ACTORS FOR THE REPOSITIONING OF FAMILY PLANNING IN NIGER (CAR/PF)

NIGER

Quality of Care – findings from the field

- Health centres do not have the technical capacity required to provide quality health services
- WHO norms on health care access for youth and adolescents are not known or applied
- Schedules are not adapted to youth
- The environment is not adapted to youth
- Confidentiality is a notorious problem
- Poor quality of care and welcome of patients
- Poor hygiene and sanitation
- Insufficient health coverage
- Financial access remains a problem for youth, particularly nomadic youth
- The poor status of buildings and equipment
- Availability of inputs
- Insufficient human resources with quality training

Community engagement to improve the quality of care

- Establishment of health committees
- Advocacy for health financing
- Community relays
- Referrals
- Awareness raising and information
- Capacity building for health workers



Nothing For Us Without Us



Quality Considerations to Improve Adolescent Health Outcomes
Jacqueline Mahon, UNFPA Representative, Tanzania

Why Does Adolescent Health Matter?

- There are 1.2 billion adolescents (10-19 years old) worldwide
- 35% of global disease begins in adolescence
- 2.5 million girls under 16 give birth annually in less-developed countries
- Only 2.2% of total aid is allocated to adolescent health
- Strong evidence that focusing on adolescent health protects against future negative outcomes





My Body, My Life, My World: A New Youth Strategy

Launched in August 2019 by the Adolescent Youth Team at UNFPA HQ, *My Body, My Life, My World* is UNFPA's new global youth strategy.

It puts young people - their talents, hopes, perspectives and unique needs - at the very centre of sustainable development. In doing so, it backs achievement of the SDGs, and aligns with the UN Strategy on Youth.





Key Quality Considerations

- **Experience of Care**
 - Private and confidential
 - Respectful and non-judgemental
 - Convenient
 - Measurement is often facility and provider-centric, rather than patient-centric
- **Policy and Legal Consideration**
 - Barriers to access, such as parental or partner consent
- **Supply Side Considerations**
 - Healthcare worker attitudes and competencies, such as imposed moral values, discrimination and stigma, lack of confidentiality (need for parental consent)
 - Health service platforms should account for the specific needs of adolescents
- **Demand Side Considerations**
 - Community support for adolescent services
 - Be proactive in generating demand for preventative health services among adolescents (addressing knowledge, behavioral and structural constraints)



Ensuring Adolescent-Responsive Systems and Services

1. **Include and institutionalize adolescent involvement** in health programs that concern them: learn about their needs, preferences and ideas
2. **Engage adolescents in measuring and monitoring** health system performance: ensure feedback loop on their user experience
3. **Reach adolescents where they are:** through non-traditional and multi-sectoral platforms (e.g. through their schools, through social media and their phones)
4. **Enable adolescents to learn about and plan** for their own health and SRH needs (health literacy), where and how to get services

Quality of care at community level

Reflections from the Pakistan LHW evaluation



unicef 
for every child

Dr. Tajudeen OYEWALE *MD, MPH, PhD*

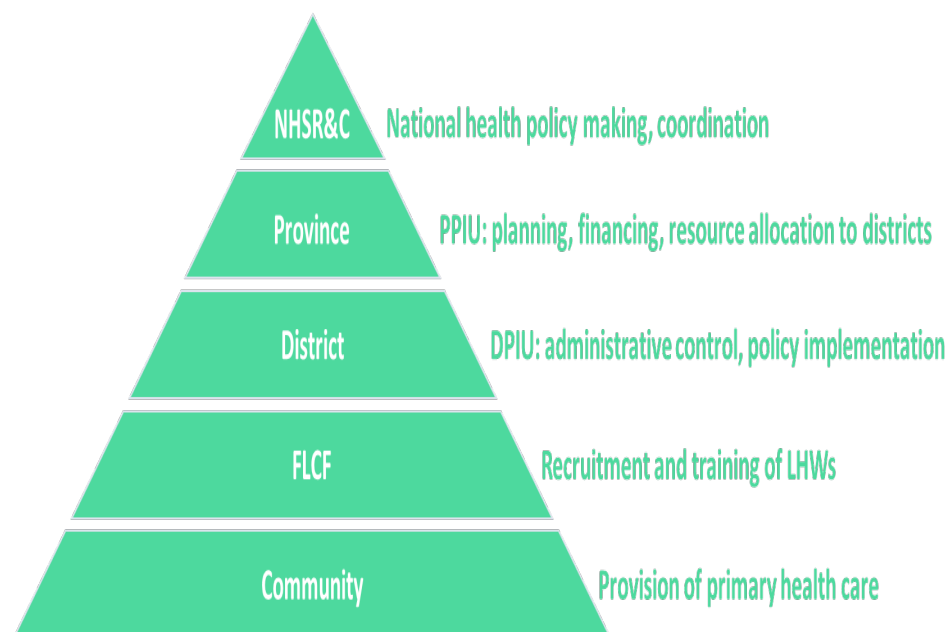
UNICEF Deputy Representative, Pakistan

Vision on QoC and Governance of LHW Programme

QoC is integral to the National Health Vision (2016-2025)

- Improving the access and quality of MNCH community based on primary care services ensuring continuum of care including new-born care in rural districts and urban slums
- Improving the access and utilization of Quality of Care through implementation Minimal Standard of Package of Services at all levels

Integrated Management of LHW Programme



Enablers of quality LHW service



- **Knowledge:** that LHWs possess practical, relevant and accurate knowledge that they are able to use to perform their roles.
- **Client engagement:** that LHWs feel free to operate within, are accepted and trusted by, and are accountable to, the communities that they serve
- **Motivation:** that LHWs feel supported, incentivised, accountable and responsible for their work
- **Supplies:** that LHW have uninterrupted stock of contraceptives, medicine and other medical supplies

Source: Gov't of Pakistan, UNICEF and Oxford Policy Management (2019).
Lady Health Worker Programme: Performance Evaluation [DRAFT Report]

Bottlenecks to LHW Engagement on QoC

- **Stagnation in population coverage reached by LHW** i.e 58% of population reached compared to the 80% national target
- **Missing the marginalized communities**
- **Gaps in meeting health outcome targets especially for *family planning* and *infant and young child care like breastfeeding***
- **Weak supervision and mentoring**
- Limited use of evidence to inform planning and implementation
- **Funding gaps:** Most funds used for salary and limited programme fund

Source: Gov't of Pakistan, UNICEF and Oxford Policy Management (2019). *Lady Health Worker Programme: Performance Evaluation [DRAFT Report]*

Key actions to further improve quality

1. Introduce performance-linked funding for LHW programme
2. Improve referral and linkages with BHU and other levels of health care delivery; health education and promotion at household level
3. Consider the adoption of an integrated approach to family planning, RMNCH; Nutrition and hygiene promotion within the framework of life cycle approach
4. Systems approach that including capacity building and training; MIS, decentralised governance and evidence-based planning; and the procurement of supplies and equipment
5. Improve coordination and sharing at national and provincial levels
6. Equity-based distribution of LHWs in hard to reach areas; timely supervision and mentorships to build skills for QoC

Acknowledgement

1. Ministry of National Health Services Regulations & Coordination, Government of Pakistan
2. Provincial Ministries of Health in Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh
3. Oxford Policy Management
4. UNICEF Pakistan

Thank
You



Discussion