

## DRAFT- TERMS OF REFERENCE FOR QUALITY OF CARE TECHNICAL ADVISORY GROUP FOR THE GLOBAL FINANCING FACILITY

### Background

**A quality outcome is the product of a “cascade” of good decisions related to care-seeking and compliance with instructions for care, as well as multiple systems issues to ensure that services are available when needed and can be effectively delivered and accessed.** The most-developed information around the relationship of quality and impact is for maternal and newborn health. Globally, the Lancet Commission on Quality Health Systems<sup>1</sup> found that the majority of maternal and neonatal deaths were caused by inadequate quality of care vs. lack of access to care.

**To satisfy one overarching GFF goal of improving the health and nutrition of women, children, and adolescents, the quality of service delivery stands out as a critical and ubiquitous need in GFF-supported countries.** Quality is not one-dimensional; it is not a single health systems element but, rather, a quality outcome is the product of multiple supply- and demand-side health systems elements working effectively together to improve both the provision as well as the experience of care – such as supply chain, effective human resources, referral, transport, demand creation/service utilization, adequate infrastructure, respectful care, etc. Programmatically, “quality” has often been equated with “quality assurance” or “quality improvement” which connote specific programmatic approaches, but these may not address the full range of potential issues limiting quality outcomes, focusing more specifically on the ability of the health worker to deliver quality care.

**Much work has been done to date, some very recently, to grasp this complexity and understand its practical implications for programming that addresses reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N).** In addition, there is new thinking on how to incorporate better measures of quality in these programs, sometimes in routine information systems.

**The GFF has a unique opportunity to strengthen the quality of care (QoC) agenda throughout country Investment Cases (IC) with attention paid to scale, measurement and quality improvement.** Many GFF-supported countries have exhibited strong political commitment to implement evidenced-based approaches to address QoC as reflected in their ICs but lack the technical resources to do so. For example, Tanzania implemented the star rating system as a nascent facility accreditation process but have found it difficult to maintain. Burkina Faso and Democratic Republic of Congo have both flagged quality of care in their health sector development plans which have informed their ICs but have limited capacity to actualize quality assurance. Furthermore, several countries (e.g., Mali, Democratic Republic of Congo, Burkina Faso, and Pakistan) have identified the need to scale up standardized, high-quality community health worker schemes as part of their Universal Health Coverage strategies but are requesting assistance to do so cost-effectively and rigorously.

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<sup>1</sup> Kruk et al., High-quality health systems in the Sustainable Development Goals era: time for a revolution; The Lancet, 6 Nov 2018

**While the QoC domain is expansive, a technical advisory group (TAG) composed of GFF technical and financial partners can help to define a practicable and focused operational plan for the next three to five years.** It is envisioned that the TAG will develop an operational action plan, rather than a high-level statement only addressing broad areas of work.

### Objectives of the Technical Advisory Group

The TAG will be well-positioned to consider the most effective ways for the GFF to translate state-of-the-art evidence on achieving quality health systems outcomes into practical tools and interventions for consideration in Investment Cases, capacity building and results monitoring. In so doing, the TAG will touch upon issues related to measurement and institutionalization in a health systems context.

### Channels for Engagement

The GFF Secretariat will convene and chair bi-weekly teleconferences from December through March 2020. Opportunities for a face-to-face meeting or longer video conference will also be explored.

### Deliverables

1. QoC Action plan

### Nominations

We are seeking the nomination of a maximum of one individual from each Investors Group constituency (Country Representatives, UN agencies, donors, CSOs, multilateral, private sector) to form the technical advisory group. We will also invite 1-2 global experts on QoC and a “user’s voice” perspective, who are external to the GFF, to join the TAG. Members of the technical advisory group do not need to be sitting members of the Investors Group and may be delegated by the IG representative within their organization. The Secretariat asks for all nominations to be submitted to Stephanie Saulsbury [ssaulsbury@worldbank.org](mailto:ssaulsbury@worldbank.org) by December 5, 2019.

### Preferred Qualifications

- Technical expertise working on global and country-level quality of care initiatives pertaining to the full scope of RMNCAH-N services, specifically in GFF-supported countries;
- Strong knowledge and familiarity of the GFF model including the Investment Case and country platform; and
- Availability to convene on a bi-weekly basis until 31 March 2020, and contribute to the development of required deliverables.