



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



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Global meeting of the Network for  
Improving Quality of Care for Maternal,  
Newborn and Child Health

14–16 March 2023, Accra, Ghana

MEETING REPORT

## Contents

<b>ACKNOWLEDGEMENTS</b> .....	4
<b>ABBREVIATIONS AND ACRONYMS</b> .....	5
<b>EXECUTIVE SUMMARY</b> .....	6
<b>INTRODUCTION</b> .....	8
<b>PROCEEDINGS ON DAY 1</b> .....	9
<b>1. Opening session</b> .....	9
<b>2. Session 1: Progress, challenges and lessons learned</b> .....	10
2.1 Plenary presentation .....	11
2.2 Facilitated panel discussion: Taking stock of progress in implementation and monitoring of the Network’s Strategic Objectives and identifying the needs to address the unfinished and evolving agenda for QoC MNCH .....	13
<b>PROCEEDINGS ON DAY 2</b> .....	15
<b>3. Session 2: What has worked well, and what needs to be covered moving forward?</b> .....	15
3.1 Facilitated group discussions: What has worked well and what need to be covered moving forward? .....	15
3.2 Plenary: Feeding back from working groups to build consensus moving forward .....	15
<b>4. Session 3: Scanning the horizon of the evolving agenda for QoC MNCH</b> .....	16
4.1 Deep-dive content areas .....	16
<b>PROCEEDINGS ON DAY 3</b> .....	19
<b>5. Session 4: Innovation marketplace</b> .....	19
5.1 Marketplace .....	19
<b>6. Session 5: The future of the network</b> .....	19
6.1 Plenary: What we have learned from working together as a Network. ....	19
Findings of the Network evaluation .....	19
6.2 Working group discussion: How can the next phase of the Network to respond to the needs for scaling up across MNCH and countries .....	23
6.3 Plenary: Consensus and recommendations for moving forward with the QoC Network .....	24
<b>Annex 1: Agenda</b> .....	26
<b>Annex 2: Statement of the third meeting of the Network for Improving Quality of Care for Maternal, Newborn and Child Health</b> .....	31
<b>Annex 3: Poster gallery</b> .....	33

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This report was written by Rachael Hinton, Blerta Maliqi and Martin Dohlsten.

## ABBREVIATIONS AND ACRONYMS

CSA	Child Survival Action
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
LALA	Leadership, Action, Learning, Accountability
MNCH	Maternal, newborn and child health
MNH	Maternal and newborn health
MoH	Ministry of Health
PHC	Primary health care
QI	Quality improvement
QoC	Quality of care
SDGS	Sustainable Development Goals
UHC	Universal Health Coverage

## EXECUTIVE SUMMARY

Quality maternal, newborn and child health care is critical to the achievement of the Sustainable Development Goals and relevant maternal, newborn and child health targets. There has been unprecedented improvement in coverage of essential care and services in the last decade, yet these improvements have not translated into improved estimates of maternal, newborn, child deaths and stillbirths. Countries continue to face challenges in scaling up and sustaining quality of care (QoC) efforts at all levels of the health system. What underpins the provision of quality care is the ability of health systems to mobilize and align resources for the implementation of QoC standards, to learn from implementation and contextualize solutions, and to engage communities and demonstrate accountability through results.

In 2017, ten countries committed to improve the quality of care for maternal, newborn and child health (MNCH). Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, the United Republic of Tanzania, and Uganda, supported by WHO, UNICEF and UNFPA, and partners, established the Network for Improving the Quality of Care for Maternal Newborn and Child Health (Quality of Care Network). In 2019 Kenya also joined the Network. The Quality of Care Network aimed to half maternal and newborn mortality in participating facilities in five years, through building health systems that can sustain implementation of quality care at scale while integrating and systematizing quality in MNCH programmes. The Network agreed to pursue four strategic objectives:

1. Leadership: Build and strengthen national and sub-national institutions and processes for improving quality of care in the health sector
2. Action: Accelerate and sustain implementation of quality-of-care improvement intervention packages for mothers, newborns and children
3. Learning: Facilitate learning, knowledge sharing and generation of evidence on quality planning, improvement and control
4. Accountability: Develop, strengthen and sustain institutions and methods for accountability for quality of care.

Six years since the establishment of the Network, the Ministry of Health, Ghana, co-organized the third global meeting of the Quality of Care Network under the theme 'Sustaining and scaling up quality of care for maternal, newborn and child health'. Over 170 participants, representing Ministries of Health, technical and implementation partners, academic and professional associations from the regional and global levels met to reflect on progress so far, the efforts to integrate and systematize QoC in health systems and MNCH programmes and discuss the challenges and lessons learned during implementation and scale up. The meeting participants also discussed and agreed on the future of the Quality of Care Network.

The meeting recognized the value of working as a learning network of countries and partners in developing practice-based solutions for sustaining and scaling up QoC. Since the Network's launch, countries have made impressive progress to put in place national structures, policies and strategic plans for QoC, adopt and implement WHO's standards for improving quality of maternal, newborn and child health in facilities and set up learning systems and implement interventions to improve quality of care at the national, district and facility levels.

The meeting concluded that the goals of the Network should be aligned with the achievement of Sustainable Development Goals (SDGs) and that the Network must continue its work until the year 2030. More specifically in moving forward it was agreed to:

- Integrate QoC efforts for MNCH within national efforts to reorient health systems towards primary health care
- Strengthen the implementation of QoC MNCH as part of accelerator plans and initiatives (Ending Preventable Maternal Mortality (EPMM (EPMM), Every Newborn Action Plan (ENAP) and Child Survival Action (CSA))
- Use the updated Strategic Objectives framework (Leadership, Action, Learning and Accountability) of the Network and its tools to guide countries in scaling up the implementation of QoC best practices and interventions beyond the learning sites in each country
- Scale up the implementation experience of the Network beyond the initial eleven pathfinder countries
- Address all components of maternal, newborn and child health (e.g. bringing the C (child) to MNCH QoC implementation) with focused attention to strengthening health systems
- Strengthening QoC measurement as a core and cross-cutting component of Network activities
- Understand the cost and investment needed for QoC to the promote sustainability of QoC at scale and across all programmes
- Continue to develop national learning systems that facilitate documentation and knowledge exchange in support of scaling up of high-quality services
- Strengthen the QoC partnership and align it with national priorities for scale up UHC with quality.
- Sustain the global learning network to support the facilitation of cross-country learning, reporting, convening, and collaborating in service of scale-up and sustainability of country-defined models of care

The meeting closed with the 3<sup>rd</sup> Network meeting statement. Given that countries are looking to scale up and other countries are interested in joining the Network, continuing partnership and alignment to guide scale up across all levels is critical, underpinned by funding to support implementation. Participants agreed that funding for QoC would require domestic investment. Additional catalytic funding will be needed to support the Network secretariat in its efforts to facilitate learning and scaling up within and across countries.

## INTRODUCTION

The 3<sup>rd</sup> Global meeting of the Quality of Care Network took place over three days from 14 – 16 March 2023, in Accra, Ghana.

The agenda (Annex 1) provided opportunities for participants to reflect on six years of efforts to integrate and systematize quality of care (QoC) in health systems and maternal, newborn and child health (MNCH) programmes. The meeting discussed challenges and lessons learned during implementation and scale up, examined the findings of the independent evaluation and external review of the Quality of Care Network and recommended actions on how the Quality of Care Network should evolve to respond to the unfinished and emerging quality of care agenda.

The meeting was organized to include:

- Country presentations, plenary sessions and a poster gallery (Annex 2) to showcase country progress and factors that create an enabling environment for scaling up and sustaining MNCH quality of care, as well as challenges to progress;
- Panel discussions with champions from Ministries of Health representatives and partners.
- Workshopping what has worked well in the Quality of Care Network and what needs to be addressed moving forward;
- Deep dive sessions on key topics such as quality of care and primary health care, pediatric care, private sector engagement, community engagement and respectful care;
- Marketplace to showcase the latest innovations in quality of care.





# PROCEEDINGS ON DAY 1

## 1. Opening session

The first day of the meeting reflected on progress, challenges and lessons learned in the six years since the establishment of the Quality of Care network. The Acting Chief Director of Ghana's Ministry of Health, Mrs. Emma Ofori-Agyemang, offered welcoming remarks to dignitaries and delegates. The Chief Director noted the recognition Ghana had received for the progress made to improve QoC since its engagement with the Network and acknowledged that the 3<sup>rd</sup> global meeting offered participants the opportunity to further reflect on and learn from other's experiences in terms of what has worked and where improvements can be made in implementing QoC. The Chief Director stated the objectives of the meeting and closed her welcoming remarks by reiterating that by aligning efforts we can take a more coordinated and effective approach to improving QoC, and to measure progress in this area across the different Network countries.

Dr Anshu Banerjee, Assistant Director-General (a.i), Universal Health Coverage and Life course and Director for the Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO, welcomed all participants on behalf of the WHO and the Network secretariat. In his remarks he reiterated that 50% mortality could be averted with QoC; that improving QoC has a strong equity component in terms of reaching the last mile; and we can't achieve universal health coverage (UHC) without quality. These three reasons informed the establishment of the Network, underpinned why the 3<sup>rd</sup> global meeting was being held and should also be considered in how the Network moves forward at the national, sub-national and facility levels.

Dr Francis Kasolo, the WHO Representative for Ghana, USAID Country Director for Ghana, and Representatives of UNICEF, UNFPA and Bill and Melinda Gates Foundation also provided opening remarks and highlighted their main areas of support to the QoC network in Ghana, and in QoC Network countries more broadly over the past six years. Common themes across partners' remarks included the support for the provision of systems, interventions, and structures for QoC, and working in partnership under the leadership of national governments to provide sustainable and innovative solutions to QoC for MNCH. Building capacities for QoC including through midwifery programmes and quality improvement were seen as key to improving QoC. Partners reminded participants that we must not only join forces but also share learning to achieve more for MNCH. A community representative gave final remarks on behalf of communities and their traditional leaders, reinforcing for delegates that community stakeholders are willing to engage and advocate on MNCH related issues, share information, and support partners in their work to improve health outcomes for women and children.

The Director General, Ghana Health Services, Dr Patrick Kuma-Aboagye provided insight into Ghana's progress and experience with implementing the Network. Having led on the initiative of the Network in Ghana from when it joined in 2017, Dr Kuma-Aboagye described how MNCH was being used as a pathfinder in Ghana to strengthen, develop and implement healthcare quality at scale. Examples were provided of how this has been done such as through the building leadership structures, ensuring sustainable action (eg. capacity building of healthcare providers, coaching and supervision, clinical mentoring and establishment and refurbishment of newborn care units) establishing learning structures (regional, national and district learning forums; Network bulletin; learning research) and accountability systems (data and clinical audits; appraisal of district leadership, community engagement through use of

community scorecards). Dr Kuma-Aboagye's presentation closed with a short reflection on the four strategic objectives of the Network as they relate to Ghana:

- LEADERSHIP: Ghana is using the lessons learnt over the five years of implementation to review of the National Healthcare Quality Strategy to address bottlenecks in quality dimension of healthcare
- ACTION: The implementation of Quality of Care for MNCH initiative has provided a platform for scale of quality interventions in other aspect of healthcare
- LEARNING: learnings from the network has offered the opportunity to provide direction to emerging quality of care initiatives by partners
- ACCOUNTABILITY: Ghana will implement the recommendations from the country review, within country context to strengthen quality of care

The presentation of the Dr Kuma-Aboagye is available [here](#).

On behalf of the Government of Ghana, Honourable Kwaku Agyeman-Manu, Minister for Health, provided an opening statement, expressing his pleasure that Ghana was hosting the 3<sup>rd</sup> global meeting of the QoC Network. While acknowledging the considerable investments made to improve MNCH in Ghana over last 30 years, he recognized more could be done to further reduce maternal and newborn deaths through key maternal and newborn health (MNH) interventions implemented with quality. He encouraged delegates to continue to work in collaboration to complement national health quality strategies and ensure that every pregnant woman and newborn receive quality care thought pregnancy and childbirth. The Honourable Minister recognized that effective partnership and solidarity is needed more than ever, and urged delegates to reflect in their deliberations on opening up the Network to other countries to benefit from technical assistance and cross-learning collaborations that the Network offers. The Honourable Minister called on all delegates to see quality as a continuous goal, and in declaring the Network meeting open, he encouraged participants to leave the meeting more committed to reaching all women and children everywhere with quality care.

Following the opening session, the poster gallery (Annex 3) was introduced and available to all delegates over the course of the meeting.

## 2. Session 1: Progress, challenges and lessons learned

The session began with an introductory presentation on the purpose of the 3<sup>rd</sup> global meeting of the Network, which was to bring together representatives from all Network countries and partners, to discuss and demonstrate the successes and challenges to date. The meeting also offered an opportunity for participants to reassess how the work of the Network should be moved forward to address the emerging and unfinished agenda of QoC in MNCH services. It was highlighted that the meeting corresponds with the end of the fifth year of the Network activities and the Network independent review report and external evaluation. The meeting also represents the first occasion for the Network countries and partners to meet face to face and share their learning since the beginning of the covid-19 pandemic.

The objectives of the meeting were to:

- Take stock of the progress, best practices and challenges in implementation of the Network's objectives and its impact at facility, district and national levels in the Network countries.

- Share how countries have leveraged the Network to develop their QoC related systems and response, set quality standards, improve quality of care for MNCH, and strengthen of health systems at large.
- Facilitate learning and strengthen the capacity of country in various aspects of the QoC improvement process, including governance and measurement.
- Determine on how the QoC Network agenda should be further strengthened as an integral part of the country, regional and global agendas on QoC and MNCH.

The meeting structure and agenda was developed to achieve these objectives, and delegates were encouraged to share the meeting via social media. In closing the session, participants were offered the opportunity to share in one word (via Menti.com) their expectations for the meeting. Learning was the most common expectation, followed by sharing and understanding.

## 2.1 Plenary presentation: Progress, challenges and lessons learned in implementing, monitoring and scaling up QoC for MNCH: A evolving an unfinished agenda

Members of the QoC Network secretariat set the scene for participants with a presentation on progress, challenges and lessons learned in implementing, monitoring and scaling up QoC for MNCH.

Delegates were reminded of global trends in MNCH mortality and of the need to improve UHC but which can't be done without quality. They were also provided with background on the establishment of the Network, and the commitment of governments to come together within a Network and work towards the same goal (50% reduction in maternal and newborn mortality) via four strategic objectives – Leadership, Action (at the point of delivery where quality happens), Learning and Accountability (improvement cycle underpinned by measurement, and user engagement) (LALA). Countries committed to pursuing the objectives for five years with national implementation led by the Ministry of Health (MoH) and supported by partners to drive the agenda forward.

This introduction provided the foundation for a series of presentations on reported progress, challenges and learnings according to the four strategic objectives, with opportunities for further deep dives on country specific progress and challenges available over the course of the three days. The presentations showed that countries have made a lot of progress in strengthening the QoC agenda and establishing leadership at the national level. Action at the point of delivery (intervention packages, adaption of standards, building capabilities for QoC) had also progressed. Countries reported less progress on learning and accountability and as countries move towards implementation, they are only now starting to unpack aspects learning and accountability that need further focus.

While countries have their own contexts and progress, governments and partners are following a similar path, co-developing the pathway and understanding the lessons learned. Countries also faced similar challenges during the covid-19 pandemic such that essential services were disrupted, QoC and quality improvement (QI) activities were de-prioritized, and QoC standards including for respectful care, were compromised. However, those teams that had QI skills in place were able to adapt quickly during covid-19. Having a learning network brought this community together to share what is being done to address MNCH, what is working, the issues faced, as well as what can be learnt from each other.

The key findings of the independent review were also presented, which included:

#### Findings 1

- The success and unique added value of the Network was achieved by linking countries into a South-South Network with international partners, underpinned in countries by practice-driven leadership and international partners aligning their technical assistance and implementation support
- The approach contributed to strengthened policies and systems for quality improvement in participating countries and stimulated and informed QoC initiatives in other countries as well as the development of international guidelines and standards

#### Findings 2

- The Network stimulated formal and informal mutual learning among countries and partners with external input to support and structure the learning, and to maintain the platform on which the exchanges take place
- With its dual position as a partner organization and as the lead global normative agency in health, WHO was best placed to support and manage this platform.

#### Findings 3

- Strengthening systems for QoC is necessary but not sufficient to achieve better health outcomes. Effective implementation requires investments in the health system infrastructure and conditions under which care is delivered and, in the workforce required to deliver it. While advocating for more investment, investment per se is a task that has not been within the scope of the Network
- Setting health outcome goals for the Network (50% reduction of mortality) was aspirational and did not reflect the operational reality of the countries that are part of the initiative.
- Not reaching these targets may generate wrong perceptions about the Network's value and performance

#### Findings 4

- Improving the quality of care is a slow and time-consuming process that has no defined end or generate quick outcomes.
- Projects that have also included investments in all health system building blocks have generated impressive results but always on a limited scale and with a poor record for sustainability.
- The Network differs from such projects, relies on building the enabling environment which requires a different management approach and metrics for monitoring and evaluation, and a longer timeframe to fully demonstrate its added value

It concluded that next steps for moving the Network forward include:

- Continuing the pathfinder work of the Network which has demonstrated that QoC is a fundamental function of the health system. This is a very important input for countries that are engaging in strengthening their primary health care (PHC) approach or accelerating implementation of MNCH specific accelerator plans and initiatives (Ending Preventable Maternal Mortality (EPMM (EPMM), Every Newborn Action Plan (ENAP) and Child Survival Action (CSA)).
- Building on the momentum of the Network to continue to support the unfinished agenda of scaling up and scaling out QoC within and across countries
- Ensuring resources and domestic investment to address health systems fundamental gaps and facilitate QoC implementation
- Bringing attention, documented implementation and shared learning among countries for emerging issues relevant to QoC, including to strengthen accountability, new models of health service redesign and the involvement of the private sector, etc.
- Continuing the country-driven learning that provides a unique platform for peer-to-peer learning.

The plenary presentation is available [here](#).

A number of delegates responded to the Plenary presentation, with major themes and discussion points arising including:

- Engage and expand within and across countries while being accountable for outcomes: It is important to continue the learning path in terms of how to reduce mortality by 50%, and to understand what it takes to build systems that improve quality and move this agenda forward.
- Structures and institutionalization: Important aspect to address is the structures that are in place to institutionalise and scale up QoC. Across all Network countries governments have committed to created structures to institutionalise QoC in their own form – made their own judgement based on their own considerations and leadership.
- Integration: There is a need to integrate quality in governments and directorates to bring it to the centre as well as with partner programmes.
- Private sector engagement: Implementation needs to move from pilots to programming and opportunities to engage with private sector in the QoC work and report on performance
- Resilience: Issues of climate change and impact on QoC need to be considered. When the Network was established, things were different in the world (covid, war, eco shock) and need to factor in resilience to programming of MNCH – cannot just roll out QoC without consideration for mitigation capacities and in the assessment tools and the quality framework, to adapt to cater for resilience as part of wider health system.
- Budget for QoC: Need to close the loop between leadership, investment and accountability to identify the investment going into QoC, including the development of line budgets and indicators. This will also require monitoring the budget and linking to health accounts to see how investments are being made in countries.

## 2.2 Facilitated panel discussion: Taking stock of progress in implementation and monitoring of the Network’s Strategic Objectives and identifying the needs to address the unfinished and evolving agenda for QoC MNCH

Country representatives were asked one question each around the four strategic directions – Leadership, Action, Learning and Accountability. They reflected on and shared their experiences on key challenges and gaps, as well as their causes and potential solutions. The discussions reinforced the interdependent nature of the LALA strategic objectives. Although speakers were asked questions specific to each objective, the responses consistently covered all LALA, and came back to issues of leadership, implementation, measurement, and accountability, with learning at all levels (international, regional, national, sub-national, facility) in particular permeating all LALA elements. Although this session could only scratch the surface in terms of understanding QoC progress, success and challenges over the past five years, a common theme emerging from speaker reflections was that political commitment for QoC and in some countries, support from the head of state, is paramount for QoC work. It was clear that a key achievement of the Network is that it has brought recognition for QoC to the highest level. Another important emerging theme was the evident links between QoC and UHC, and the increased investment/resources needed to strengthen the foundations of health systems to achieve combined UHC and quality of care goals.

A final theme was the importance of bringing different stakeholders and programmes together around quality. Participant discussions reflected a convergence of will and technical skill, and the ways in which this translates to action and interventions at the point of care. Although there were common health

system challenges raised, including high levels of health workforce attrition and lack of clarity on where the MNCH pathfinder role ends and the wider system starts, discussions showed that these are tensions which reflect the reality of the health systems countries are working within and which also impact efforts to scale up.

## PROCEEDINGS ON DAY 2

### 3. Session 2: What has worked well, and what needs to be covered moving forward?

#### 3.1 Facilitated group discussions: What has worked well and what need to be covered moving forward?

The first part of Day 2 was dedicated to facilitated group discussions, with country teams and partners distributed across four parallel working groups: Leadership, Action, Learning and Accountability. The groups reflected on progress over the past five years and what needs to continue. Each group also considered the unfinished agenda in QoC and what needs to be thought through differently going forward, with each group making 3 to 5 actionable recommendations for the future Network.

#### 3.2 Plenary: Feeding back from working groups to build consensus moving forward

Following the facilitated group discussions, each group reported back in Plenary. The groups presented on specific themes/topics relevant to Leadership, Action, Learning or Accountability, with the main strengths, gaps and causes, and forward-looking actions captured for each theme. Each theme is presented below:

##### Leadership

- MNCH QoC strategies and operational plans (national, subnational)
- MNCH QoC programme management structures and processes for implementing strategies/plans national level
- Leadership for scale up to new sites, districts/regions beyond the initial “learning sites

##### Action

- Prioritizing and implementing interventions to improve quality of care including robust design of QI work
- Building QI capability of key actors (QI teams, managers)
- Supporting frontline QI teams (on site, virtual)

##### Learning (and measurement)

- Measurement systems to support improvement
- Learning systems to share solutions for achieving improvement aims (district, regional and national level)

##### Accountability

- Accountability structures and mechanisms for engaging key stakeholders in the design, implementation and monitoring of QoC interventions
- Monitoring women’s, newborn’, children’s and providers’ experience of care as part of QI interventions to improve experience of care
- Engaging communities and beneficiaries in QI processes

The consolidated presentation of reporting back from the four groups is available [here](#).

Several discussion points related to the unfinished and evolving QoC agenda emerged from the presentation, including:

- Engage with other sectors, in particular the private sector to support QoC, including in areas such as learning and community engagement.
- Use a systematic approach where government takes the lead to work with all technical, financial and implementation partners in order to: align with government priorities; coordinate the operationalization of the national plan; and build on the comparative advantage of different partners for scale up
- Update national roadmaps to with more specific links to mechanisms for scale up including EPMM, ENAP and CSA.
- Report data from all sites as a first step to scaling up to other facilities beyond learning sites. This data will help countries see their performance, including in terms of what is working. Tools and instruments are also available to support the sharing of this learning.
- Leadership, action and measurement have advanced enormously in last six years. The LALA framework provides a pathway that countries can follow based on context and maturity and a number of actions need to be taken in a coherent manner as relevant to the context. Leadership is well consolidated in countries yet learning and accountability are not at the same level and will require more work.

## 4. Session 3: Scanning the horizon of the evolving agenda for QoC MNCH

### 4.1 Deep-dive content areas

For the remainder of Day 2 delegates participated deep dive sessions on the evolving agenda for QoC. The purpose of this interactive session was to introduce delegates to key issues for QoC moving forward, share implementation experiences and learnings, and to discuss next steps / actions to be taken in practical terms in their own settings. The deep dive sessions covered the following areas:

- **Child Health QoC**  
This interactive session shared learnings from countries that have started to introduce pediatric standards and have made efforts to establish systems to address pediatric QoC. Country teams and participants shared their experiences from country level implementation, and major issues in the quality of integrated health services for infants were discussed including poor record keeping; absence of clear standards, guidelines and indicators to routinely monitor performance/delivery; and the poor experience of care that children and their caregivers receive when they visit health services at community, facility and referral level. During the session participants were able to reflect on the priorities and actions for countries and partners that will result in improved child health services. Through group discussions participants identified barriers and opportunities to "scaling up" pediatric QoC and "scaling out" from MN QOC, e.g Leadership and coordination; and reaching all levels. They also defined priority actions for countries to advance pediatric QoC measurement (provision and experience of care) in terms of the LALA Framework.
- **QoC and PHC**  
In this session participants were introduced to the evolution of PHC, current guidance and quality of care linkages. Through the discussion, participants were able to reflect on the linkages, synergies and convergence that can inform the evolving agenda for QoC MNCH and shared their thinking on how this can be taken forward for maximum impact in their own contexts. In particular, participants discussed how to leverage the political momentum on UHC



to make a strong case for QoC MNCH, ensure a people-focus and community engagement in PHC and forge the technical linkages through this approach and thinking (packages, conceptual clarity, multisectoral collaboration, private sector engagement etc).

- **QoC Measurement**

During this interactive session participants took stock of learning to date within and across countries about incorporating and strengthening QoC measurement as a core component of Network activities. Participants also reviewed relevant global QoC measurement workstreams and products and begin to define priorities for QoC measurement in the next phase of the Network.

- **Transition framework**

Participants were introduced to the programmatic transition framework for maternal and newborn health currently under development. In small groups, participants discussed key considerations for finalizing the framework, including: the essential parameters to consider when defining the stages of transition; the essential elements to include in the model (e.g. “bundles” of interventions, health care workers, commodities, information systems, and models of care, and community engagement/social accountability); and how the model can be implemented in different national contexts (e.g. different stages at sub-national level, decentralized health systems, urban vs rural). Participants also discussed their views on the best format for this type of document (hard copy, online), and other considerations to ensure this is a useful document for policies, strategies and planning.

- **Private sector engagement to improve in QoC MNCH**

This session first introduced the most up to date knowledge on strategies for enhancing governance of the private sector for delivering UHC. Following the introduction, participants discussions focused on practical tools to engage the private sector in policy dialogue for delivering quality MNH. In particular, participants discussed the approaches and steps presented in “Engaging the private sector in delivering quality maternal, newborn and child health services: A step- by-step workbook to inform analysis and policy dialogue”. Participants were also able to consider how the processes in the workbook could be adapted to suit the setting where it is being used.

- **QI Bundles**

This session first introduced participants to the process to develop bundles (small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes) and shared the experience for successfully implementing bundles for MNH in Bangladesh. This overview was followed by a practical hands-on format where participants were able to design and plan their own bundle. Through this process, participants were able to reflect on the opportunities and barriers in using bundles as an approach for interventions and a robust discussion was had on the practical considerations when using these types of interventions in their own settings.

- **Community engagement**

This session highlighted that although the literature and practice of community engagement to improve the quality of care is growing, there is still a limited evidence base on which to draw lessons that can be adapted or replicated across contexts and countries. During this session participants discussed what is working in implementing community engagement in Network countries, how and to what extent. Through these discussions participants identified from

current practice where community engagement is progressing, what the policy and institutional drivers were facilitating the implementation, and lessons that can be shared for adaption and replication in other contexts and countries.

- **Respectful care**

During this interactive session participants learned about the collaborative effort to develop a knowledge translation toolkit for respectful maternal and newborn care. Learning from implementation and measurement experiences within QoC Network countries, participants heard that the toolkit aims to enable implementation, scale-up, and cross-contextual learning. Following this introduction, the session moved into a more hands on approach where participants were invited to refine, contextualize, and operationalize the toolkit. As a first step, participants mapped the key users of a respectful care toolkit and their needs. Participants then discussed how the toolkit might support the planning, implementation, communication and learning of respectful care in their contexts.

The presentations for the deep dive sessions are available [here](#):

## PROCEEDINGS ON DAY 3

### 5. Session 4: Innovation marketplace

#### 5.1 Marketplace

Day 3 commenced with a marketplace showcasing innovations and promising initiatives to improve QoC MNCH. The marketplace created a vibrant space for delegates to be introduced to practical examples from countries in a face-to-face environment, to learn from the presentations and connect with potential partners. What was striking is that data remained important across the innovations and that there was increasing capacity to share information in real time such as in Bangladesh. The marketplace initiatives included:

- Small and sick newborn care (UNICEF and countries)
- Safer Births partnership in Tanzania (Laerdal)
- Demonstration of QI documentation platform (WHO)
- Integrated monitoring of patient satisfaction through the HMIS system (UNICEF, Bangladesh)
- Design of tool to facilitate access and use of (WHO) programmatic guidance for MNCAH (John Hopkins University)
- Selected tools including Context assessment toolkit, Nutrition QoC Brief, and others (MOMENTUM, Ariadne Labs)
- Designing Maternal & Newborn Spaces (IHI)

An overview of each of the marketplace sessions is available [here](#).

### 6. Session 5: The future of the network

The final session of the meeting focused on the future and next phase of the Network. The plenary and working group discussions centered around building on what has been learned over the past six years to inform the way forward, including the need to scale up across MNCH and countries.

#### 6.1 Plenary: What we have learned from working together as a Network.

##### Findings of the Network evaluation

The Plenary commenced with a presentation on the findings of the QoC Network evaluation by University College of London (UCL), that was conducted in four countries (Bangladesh, Ethiopia, Malawi, and Uganda) from 2019 to early 2022. The evaluation outcomes and methods were presented as well as the conclusions and recommendations based on the evaluation findings which are discussed in [nine papers](#) submitted to PLoS One for publication (still to be peer reviewed). The papers focus on the following themes:

- Paper 1: Network emergence
- Paper 2: Network Legitimacy
- Paper 3: Network Effectiveness
- Paper 4: Social Network Analysis
- Paper 5: Theory of Change

- Paper 6: Capacities
- Paper 7: Learning and innovation
- Paper 8: Experiences of evaluating QCN
- Paper 9: Network Sustainability

Six papers were discussed during the presentation (Papers 1 to 4, Paper 6 and Paper 9).

The evaluation found key factors shaped speed, strength and extent of emergence of the Network in the four countries (Paper 1). The Network emerged more quickly in countries with preexisting: relationships, systems of governance, national quality initiatives, accountability, and experience of data collection and use.

The evaluation found there was high legitimacy for the Network in that political and normative interactions were strong and partners were aligned in terms of agreed goals and support (Paper 2). However, cognitive interactions (exchange of information) were mixed. While there was some information sharing, stakeholders were not always using same implementation strategies or methods of quality improvement or agreeing on concepts e.g. importance of macro/meso systems-level improvements vs micro point of care improvements, resulting in siloed geographic implementation. The use of the learning platform could also be strengthened at the local level, to build the influence of the Network in the day-to-day practice in facilities.

The evaluation highlighted that global leadership was strong as was national-level activities in most countries, and although local level activities were less strong, there was increased awareness at the local level of the QoC Network between 2019 and 2022 (Paper 3). Covid-19 also had a massive impact on local leadership and more time may be needed to show local leadership at local level. What's more the 50% reduction in case fatality rates was an aspirational goal and not necessarily achievable within the time (or measurable). Overall, the evaluation found that more time and long-term budgets and domestic funding is required to support the effectiveness of the Network.

The evaluation also focused on the frequency and type of interactions across the Network and found there was a need to strengthen and invest time and resources in local levels in each country (Paper 4). This would include creating and strengthening bi-directional links as well as the frequency of interactions between global-national-local levels.

The evaluation found capacity challenges encountered at individual, organizational and system levels hampered the Network countries' ability to succeed as intended (Paper 6). Retaining trained and motivated staff, enhancing culture of documentation and data use and having leaders to motivate individuals were identified as capacity issues at the individual level, while at the organization level, inadequate staffing levels, finding strategies to continuously build staff skills, and limited physical resources and processes in facilities were found to be capacity barriers. High attrition rates were consistent issue at both the individual and organizational levels. At the systems level, policy alignment and partner coordination, burden of parallel reporting systems, paying for quality healthcare and managing disruptive events such as covid-19 were identified as impacting the capacity of the Network countries. Nonetheless, sufficient gains had been made to warrant investing the time, effort and resources needed to sustain the Network rather than introducing other new programmes.

Finally, the evaluation pointed out that sustainability actions varied across the countries (Paper 9). Actions were taken to institutionalize the innovation within the health system, to motivate micro-level actors, plan opportunities for reflection and adaptation from the outset, and to support strong

government ownership. However, two actions were largely absent and weakened confidence in future sustainability: managing financial uncertainties and fostering community ownership.

In summarizing the findings of the evaluation, it was emphasized that the Network needs to run for at least another five years as improving QoC takes time, and needs long-term commitment, continuity and leadership. While there has been good progress in global and national level coordination, the evaluation found that there is still more to do at the local and facility levels, which includes strengthening and integrating data systems to support learning and accountability. Finally, to move the work of the Network forward, domestic funding of implementation and homegrown quality improvement expertise is also needed, along with facility- and district-wide systems improvements to further enable frontline ward- and clinic-based improvements.

The presentation on the evaluation conducted in four countries is available [here](#).

### Emerging themes from the meeting discussion

Based on the Network evaluation (2019 to early 2022) as well as the Network independent review undertaken from July- December 2022, key themes emerging from the discussion and recommendations on next steps for the Network were presented.

The key themes included:

- The Network has served as a pathfinder in bringing together health systems strengthening for QoC and programme implementation
- The work has only started. Improving the quality of care in MNCH and QoC other technical areas is an ongoing task
- The Network has to continue to support the unfinished agenda of expanding to child health and other areas and scaling up to other countries and
- Countries are at different stages of QoC maturity and implementation agenda. Resources and domestic investment are needed
- Governments and partners must continue to invest to support the QoC network agenda, including to give attention towards strengthening the subnational and implementation levels
- There are new aspects of work that directly relate to QoC that require attention
- The country-driven learning is a unique platform for peer-to-peer learning. It is difficult to conceive how such a learning could continue without being backed by a network of countries implementing QoC initiatives.
- The time is right to review the Network which should result in maintaining the Network's main objectives and the South-South cooperation approach of building on country experience with country leadership.

The Network strategic objectives remain relevant in that they drive and incentivize the QoC implementation agenda, encourage bottom-up learning and countries moving together on the same path and the development of common language on QoC and implementation. There has also been unprecedented progress in institutionalizing leadership, accelerating action, improving measurement, and creating real alignment across the Network including in the agreement on priorities, technical work and support from partners. The relevance of the Network has also been seen in the development of a functional learning network fed by country real time learning and priorities.

Based on the emerging themes recommendations for the Network going forward were proposed:

- Continue to 2030 and adapt the implementation of the Network by scaling up within and across countries.
- Build on the Network's momentum to continue its work to complete the unfinished agenda while looking to address emerging priorities.
  - Use the framework of the Network and tools to guide countries in scaling up across districts as well as to integrate the full continuum of MNCH (e.g. child health)
- Strengthen the implementation of QoC as part of ongoing initiatives: EPMM/ENAP/CSA
- Institutionalize learning and use learning to inform scaling up as well as to institutionalize community engagement for quality.
- Continue the country engagement and support of current Network countries while proactively supporting demands from other countries to engage and follow on a similar path.
- Adapt to the changing context and address the need for more investment.

Based on these recommendations, the vision for the QoC Network 2.0 was also presented:

- The need to retain, update and expand the global learning network including to:
  - update the strategic objectives to reflect measurement as a cross-cutting area (LALA+ measurement)
  - open up to scaling up to more committed countries
  - continue focused work with Network countries to complete the QoC agenda and reach the EPMM/ENAP/CSA targets.
- Build on opportunities to advance the QoC agenda, through:
  - institutionalizing leadership and action and strengthening measurement as well as to address the unfinished agenda such as scaling up, learning, accountability and respectful care.
  - ensuring comprehensive and integrated QoC by actively bringing the C (child) to MNCH QoC implementation.
- Ensure what is needed for the implementation of the Network 2.0 including:
  - continuing partnership and alignment
  - organization of the Network countries and partners across all levels and funding to support implementation. This would require domestic investment and additional funding to country priorities (e.g. Global Financing Facility), as well as catalytic funding to support learning and sharing within and across countries.

The presentation on the emerging themes is available [here](#).

Points of discussion in response to the two presentations included:

- Financing: Financing has become the main issue that countries have raised. The Network is not a programme but a function that needs to happen. Therefore, when discussing the funding of quality it will be important to ensure this dimension of quality – how ensure every programme that has funding (govt or external funding) has quality at its core.
- More time for local level implementation: The evaluation identified a weakness at local implementation sites. The bottom line is that more time is needed – it has taken six years to ensure strong leadership at national level and this needs to be moved down to sub-national and facility level. It is about institutionalization at every level.

- Human resources and capacity: Discussions over the course of the meeting have highlighted that most of the countries have that problem especially post COVID – capacity, retention, distribution etc. More guidance is needed around the workforce and QI capability and overall capacities. Countries are at different stages and practice driven network and there is a need to synthesize and share the knowledge across countries.
- Goal of the Network: The Network was established to reach the Sustainable Development Goals (SDGs) for MNCH and the global strategy implemented through ENAP, EPMN and CSA. Thus, the goal of 50% mortality reduction remains relevant as it relates to the overall target of the SDGs and other strategies around which there is much advocacy work.
- Links with PHC: We need to reflect on a systems approach and how see this moving forward as an integrated component within health systems and PHC. It was emphasized from the beginning of the Network that quality should never be considered a silo. There is political momentum that can be built on through this collective effort to improve QoC as part of PHC.
- The Network Model: 11 countries coming together with common aim and methods is unprecedented and should be celebrated and richness of conversation and trust between countries to share and learn.

## 6.2 Working group discussion: How can the next phase of the Network to respond to the needs for scaling up across MNCH and countries

Delegates participated in different working group discussions designated according to the four strategic objectives: Leadership, Action, Learning, and Accountability. Participants reviewed the current strategic objective for their group and revised the related milestones as needed to respond to the future needs and work of the Network. Each group then presented the outputs of their discussions in Plenary. It was clear from the discussion that changes to the Network strategic objectives and its milestones would be necessary to reflect the emerging discussions across the course of the meeting

To build and strengthen national institutions and mechanisms for improving QoC in the health sector, the Leadership group suggested additional outputs be considered, including leadership for quality MNCH as a pathfinder for the PHC approach, which means going beyond MNCH with intentionality and multisectoral as a critical area of focus. Local innovation and solutions were also suggested as additional outputs, along with the accountability of senior management for results and solutions.

To accelerate and sustain implementation of QoC improvements for mothers and newborns the Action group recommended adding child health and the importance of including the private sector. All of the existing outputs were seen as relevant for achieving the Action strategic objective but could be more specific with clearly defined deliverables/milestones and measurement.

For strategic objective 3, the Learning group revised/adapted the language for each of the outputs and deliverables related to the facilitation of learning, sharing of knowledge and generation of evidence on quality of care. Additional key deliverables were also suggested for outputs 2 and 3 to promote learning on prioritized needs and topics and better support the sharing and synthesis of learning for decision-making about what does and does not work to improve care at scale.

For strategic objective 4 the Accountability group similarly revised and adapted the language of the outputs and deliverables to support the development, strengthening and sustaining of institutions and mechanisms for accountability for quality of care. Additional outputs were also suggested including that mechanisms for South–South review and learning are documented and shared and the need to strengthen the Network in each country.

The consolidated reporting for each strategic objective is available [here](#).

### 6.3 Plenary: Consensus and recommendations for moving forward with the QoC Network

The final plenary session began with a reflection on the Network's journey and the importance of moving on from seed funding for Network activities to scale up with more sustainable funding and domestic resources. This includes considering how to support for expanding to include child health and other areas as well as additional countries. Reflecting lessons learned at the meeting, a summary of actionable next steps for countries and global level partners was also provided. For countries this included:

For the partnership:

- Updating the Technical Working Group on the results of the 3<sup>rd</sup> Global meeting of the Network
- Updating the QoC for MNCH roadmaps by June 2023
  - ENAP/EPMM/CSA priorities and targets
  - NQPS priorities, capacities, roles and responsibilities
  - Vision and targets for scaling up MNCH QOC
  - Government and partners capacities, available funding and other resources

To plan between July and September 2023:

- Scaling up across districts and sites (including financial and technical capabilities, and gaps for support)
- Establishment of the learning system to continuously inform scaling up at all levels (what, why, when, how)
- Strengthening (or development) of community engagement for scaling up QOC

And to continue to:

- Strengthen the health information systems for quality measurement. Moving beyond collecting and reporting to include data use and linkages to QI cycles and outcome targets
- Contribute to the global learning system by sharing successes, failures and experiences
- Contribute to documentation and sharing of the QI from implementation [Quality of Care Learning Hub \(who.int\)](#)
- Share quarterly data on common QOC indicators [Quality of Care Learning Hub \(who.int\)](#)

For the global level next steps focused on:

- Updating the Strategic Objectives of the Network
- Conducting joint QoC MNCH missions in all committed countries (next six months) to ensure full integration of child health
- Identifying deep dive areas requiring attention in support of scaling up
- Developing new practice-based guidance and knowledge products to support implementation
- Finalizing measurement technical products and roll out at the country level starting 2023
- Issuing a call to countries to join the network
- Scaling up of the global learning network
- Reporting by the International Maternal Newborn Health Conference 2025
- Bringing on new partners to engage with and support the Network



Following this call to action, representatives of country teams from Bangladesh, Uganda and Nigeria reflected on their main takeaways and action points from the meeting, including the need to address the challenges of integrating QoC with other programmes, especially as integration was seen as fundamental to plans for scaling up and out to other areas of MNCH and beyond. Countries also recognized the need to decentralize progress at the national level to local levels and build capacities. Countries now have a proof of concept to show other facilities, regions and countries outside the Network that if you follow these steps / pathways, things can change.

The actions partners can take in support of Network 2.0 were also highlighted. It was reiterated it was partners' mandate to support government priorities and country plans to scale up and support. Every country has a model emerging and if each country is beginning to document and take the model beyond learning districts, partners can join that discussion and support to scale up that model. The normative role of WHO and the development and adaptation of quality standards was also recognized as being extremely impactful.

The WHO representative for Ghana also recognized the efforts of all the participants at the meeting and their commitment to the wider aims to deliver QoC to everyone, everywhere. A key action was the need to start looking at the long-term sustainability of the Network, including by making its work more visible with data and measurement of impact.

At end of the meeting and on behalf of all participants, the Director of PPMED of Ministry of Health Ghana, Mrs. Emma Ofori-Agyemang, read the 3rd Network meeting statement which was fully endorsed (Annex 2). In her closing speech, Mrs Ofori-Agyemangre iterated that women and children must continue to be at the centre of each country's work and welcomed the Network's agreement to extend the initiative until the achievement of SDG targets by 2030. The Director stated this would allow countries more time to consolidate progress and achieve their MNCH targets, and she also encouraged leaders to continue their commitment to obtaining these goals. She reiterated that there is no more precious commodity than health, and those who are healthy have hope, while those who have hope have everything.

## Annex 1: Agenda

### Quality of Care Network meeting Accra, Ghana 14-16<sup>th</sup> March, 2023

#### Day 1 – Tuesday 14<sup>th</sup> March

Time	Session	Chairs and Speakers
8.00	Registration	
<b>OPENING</b>		<b>Moderator:</b> Dr Asamoah Baah (Former ADG, WHO) <b>MC:</b> Mr Isaac Offei (PRO, MOH)
9.00	<ul style="list-style-type: none"> <li>• Call to order and initial welcome</li> <li>• Acknowledgement and introduction of country delegations, Partners, and dignitaries</li> </ul>	MC / Moderator
9.25	Welcome remarks and objectives	Chief Director, MOH
09.30	Remarks partners <ul style="list-style-type: none"> <li>• WHO</li> <li>• USAID</li> <li>• UNICEF</li> <li>• UNFPA</li> <li>• BMGF</li> </ul>	Partners
09:45	Presentation from Ghana: Maternal, Newborn and Child Health as a pathfinder to strengthen, develop and implement healthcare quality at scale	Director General, Ghana Health Services
10:00	Ghana MoH opening statement	Minister of Health, Ghana
10.15	Opening of the poster gallery	Dignitaries and invited guest only
10.30	<b>Health Break and Group Photo</b>	<b>Press conference</b>
<b>SESSION 1: PROGRESS, CHALLENGES AND LESSONS LEARNED</b>		<b>Co-chairs:</b> Dr Jesca Nsungwa Sabiiti, Uganda Ministry of Health and Dr. Tedbabe Hailegebriel, UNICEF

11.00	Meeting agenda, outcomes and logistics	<b>Speakers:</b> Dr. Blerta Maliqi, Mr. Martin Dohlsten, QoC Network Secretariat
11.15	<b>Plenary presentation:</b> Progress, challenges and lessons learned in implementing, monitoring and scaling up QoC for MNCH: An evolving and unfinished agenda Questions & Answers  Asked one question around the four strategic directions	<b>Speakers:</b> Dr. Blerta Maliqi, Dr. Moise Muzigaba, Ms. Olive Cocoman and Mr. Martin Dohlsten, Network Secretariat
13.00	<b>Lunch</b>	
14:00	<b>Facilitated panel discussion:</b>  Taking stock of progress in implementation and monitoring of the Network's Strategic Objectives and identify the needs to address the unfinished and evolving agenda for QoC MNCH: 1) Leadership; 2) Action; 3) Learning; and; 4) Accountability.  <b>Introduction to country poster session</b>	<b>Co-chairs:</b> Dr. Lily Kak, USAID and Dr. Shams Syed, WHO  Dr. Pierre Barker, IHI
16.00	<b>Health Break</b>	
16.30	<b>Country progress and review (Posters gallery)</b>	<b>Facilitator:</b> Dr. Pierre Barker, IHI
18.00	<b>Cocktail Reception</b>	

## Day 2 – Tuesday 15<sup>th</sup> March

Time	Session	Chairs and Speakers
<b>SESSION 2: WHAT HAS WORKED WELL, AND WHAT NEEDS TO BE COVERED MOVING FORWARD?</b>		<b>Co-chairs:</b> Dr. Ulrika Baker, UNICEF Tanzania and Dr. Assumpta Muriithi, WHO AFRO
8:30	Recap and feedback from Day 1	Co-chairs
9:00	<b>Facilitated group discussions:</b>  What has worked well in the Network and what needs to be covered moving forward (Four parallel working groups)	Dr. Kathleen Hill MCGL
11.00	<b>Health Break</b>	
11:30	<b>Plenary:</b>  Feedback from working groups to build consensus moving forward  Instructions for Deep-Dives	<b>Co-chairs:</b> Dr. Samuel Oyenyi, Federal Ministry of Health, Nigeria and Dr. Kathleen Hill, MOMENTUM/Jhpiego
12:30	<b>Lunch</b>	
<b>SESSION 3: SCANNING THE HORIZON OF THE EVOLVING AGENDA FOR QOC MNCH</b>		
14:00	<b>Deep-dive content areas:</b> <ul style="list-style-type: none"> <li>• <b>Child Health QoC</b> (Dr. Anne Detjen, Dr. Nuhu Yaqub, Dr. John Borazzo)</li> <li>• <b>QoC and PHC</b> (Dr. Shams Syed)</li> <li>• <b>QoC Measurements</b> (Dr. Kathleen Hill, Dr. Moise Muzigaba)</li> <li>• <b>Transition framework</b> (Dr. Allisyn Moran, Dr. Tedbabe Hailegebriel, Dr. Jean Pierre Monet)</li> </ul>	<b>Note-keepers:</b> Session lead or designated person appointed by the session lead
15.30	<b>Health Break</b>	
16.00	<b>Deep-dive content areas:</b> <ul style="list-style-type: none"> <li>• <b>Private sector engagement to improve in QoC MNCH</b> (Dr. Blerta Maliqi, Mrs. Anna Cocozza)</li> <li>• <b>QI Bundles</b> (Dr. Minara Chowdbury, Dr. Pierre Barker)</li> <li>• <b>Community engagement</b> (Ms. Olive Cocoman, Dr. Paul Dsane-Aidoo)</li> </ul> <b>Respectful care</b> (Dr. Ozge Tuncalp, Dr. Patience Afulani)	

17.30	Close of the day
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### Day 3 – Tuesday 16<sup>th</sup> March

Time	Session	Chairs and Speakers
<b>SESSION 4: INNOVATION MARKETPLACE</b>		
8.00	<p><b>Marketplace:</b></p> <p>Showcasing innovations and promising initiatives to improve QoC MNCH</p> <ul style="list-style-type: none"> <li>• Small and sick newborn care (UNICEF and countries)</li> <li>• Safer Births partnership in Tanzania (Laerdal)</li> <li>• Demonstration of QI documentation platform (WHO)</li> <li>• Integrated monitoring of patient satisfaction through the HMIS system (UNICEF, Bangladesh)</li> <li>• Design of tool to facilitate access and use of (WHO) programmatic guidance for MNCAH (John Hopkins University)</li> <li>• Selected tools including Context assessment toolkit, Nutrition QoC Brief, and others (MOMENTUM, Ariadne Labs)</li> <li>• Designing Maternal &amp; Newborn Spaces (IHI)</li> </ul>	
<b>SESSION 5: THE FUTURE OF THE NETWORK</b>		<b>Co-chairs:</b> Ministry of Health and Sanitation, Sierra Leone and Dr. Anshu Banerjee (WHO)
09:30	<p><b>Plenary:</b></p> <p>What we have learned from working together as a Network</p> <ul style="list-style-type: none"> <li>• Results of the QoC Network evaluation and review</li> <li>• Emerging themes from the meeting discussion</li> <li>• Question and Answers</li> </ul>	<b>Speakers:</b> Network Secretariat, Ministries of Health and partners
11:30	<b>Health break</b>	
12:00	<p><b>Working group discussion:</b></p> <p>How can the next phase of the Network to respond to the needs for scaling up across MNCH and countries (four parallel working groups)</p>	<b>Facilitators:</b> Dr. Shams Syed (WHO), Dr. Kathleen Hill (MCGL), Dr. Tedbabe Hailegebriel (UNICEF) and Mr. Jean Pierre Monet (UNFPA)
13:30	<b>Lunch</b>	
14:30	<b>Plenary:</b>	<b>Co-chairs:</b> Ministry of Health, Ghana & Dr. Anshu

	Consensus and recommendations on how to move forward with the QoC Network	Banerjee (WHO)
16:00	<b>MEETING CLOSURE</b>	Ministry of Health, Ghana
16:30	Closing remarks	

## Annex 2: Statement of the third meeting of the Network for Improving Quality of Care for Maternal, Newborn and Child Health

Committed to Quality, Equity and Dignity

Statement of the third meeting of the Network for Improving Quality of Care for Maternal, Newborn and Child Health  
16 March 2023, Accra, Ghana

- Committing to the 2030 Sustainable Development Goal 3 (SDG3) to ‘ensure healthy lives and promote well-being for all at all ages’, to the principles of quality, equity and dignity, and to achieving universal health coverage through primary health care.
- Committing to the Global Strategy for Women’s, Children’s and Adolescent’s Health, in particular the targets to end preventable maternal newborn and child mortality, and the implementation of the Ending Preventable Maternal Mortality (EPMM), Every Newborn Action Plan (ENAP), and Child Survival Action (CSA);
- Reaffirming our commitment to the statements of the 1st meeting of the Quality of Care Network in February 2017 in Malawi, and 2nd meeting in Ethiopia in 2019;
- Recognizing the value of working as a learning network of countries and partners in developing practice-based solutions for sustaining and scaling up quality of care;
- Recognizing the progress that the 11 Network pathfinder countries – Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, Kenya, India, Malawi, Nigeria, Sierra Leone, Tanzania and Uganda – have made since the Network’s launch in February 2017 to put in place national structures, policies and strategic plans for quality of care; adopt and implement WHO’s standards for improving quality of maternal, newborn and child health in facilities; and set up learning systems and implement interventions to improve quality of care at the national, district and facility levels;
- Recognizing the importance of rights and equity in quality of care for the most vulnerable women, newborns and children;
- Acknowledging that there has been unprecedented improvement in coverage of essential care and services in the last decade, yet these improvements have not translated in improved estimates of maternal, newborn, child deaths and stillbirths;
- Acknowledging that countries continue to face challenges in scaling up and sustaining quality of care efforts at all levels of the health system;
- Acknowledging that improving quality of care requires sustained investment to build the infrastructure and health workforce competencies required to scale and sustain better systems of care;
- Reaffirming that quality includes respectful and nurturing care for mothers, newborn and children;
- Recognizing that health systems that provide quality care are resilient, equitable and able to reach everyone, everywhere;
- Recognizing the need to learn from and share emerging innovations to improve quality of care;
- Recognizing the need for continued promotion, development and integration of quality of care measures in health information systems for learning, quality improvement, and accountability.

We, the participants of the 3rd global meeting of the Network for Improving Quality of Care for Maternal, Newborn and Child Health from 11 countries, national, regional and global partners, development organisations, NGOs, private sector, academia and research institutions:

- Reaffirm our commitment to the goals of the Network to halve maternal, newborn and child deaths and stillbirths and to improve quality of care via the Network strategic objectives of Leadership, Action, Learning and Accountability and reach the SDG targets for mothers, newborn and children;
- Reaffirm our commitment to improving people centered care, including women’s newborns’, children’s and families experience of care;
- Reaffirm our commitment to work under the government leadership and in collaboration and coordination with implementing partners, professional associations, private sector entities, academia, research institutions, civil society and communities;
- Reaffirm our commitment to integrate our efforts on quality of care for maternal, newborn and child health with national efforts to reorient health systems towards primary health care.

And commit to:

- Continue to contribute to the development and implementation of national and sub-national quality care policies, strategies and operational plans as part of country health strategies and plans that provide a foundation for quality of care at all levels, with improvements in maternal, newborn and child health as a pathfinder and goal;
- Scale up the implementation of quality of care best practices and interventions beyond the learning sites and address all components of maternal, newborn and child health with focused attention to strengthening health systems;
- Continue to develop national learning systems that facilitate documentation and knowledge exchange in support of scaling up of high-quality maternal, newborn and child health services;
- Advocate for increased domestic and external financial resources to support implementation of country quality of care strategy and operational plans and promote sustainability of quality of care at scale and across all programmes;
- Deliver maternal, newborn and child health interventions in essential health services packages with quality through a primary health care approach and supported by financial protection in our efforts towards universal health coverage;
- Continue to integrate quality improvement in mentoring, supervision and review processes at national, subnational and service delivery levels, and in-service and pre-service training;
- Support the development of quality improvement capabilities for all relevant health worker cadres;
- Institutionalize mechanisms for engaging with the community, including vulnerable and marginalized groups, and health providers, in the design, implementation and assessment of programmes to improve quality of care;
- Continue to develop actions and measures to improve and monitor respectful care for women, newborns and children as a key element of care;
- Sustain a vibrant global learning network to improve cross-country learning and collaboration and provide coordinated and integrated technical and financial support in service of scale-up and sustainability of country-defined models of care;

Finally, as members of the Network, we gratefully acknowledge the dedicated efforts of thousands of leaders, managers and health workers across the Network countries who are striving for better care for pregnant women, mothers, newborns and children and populations at large; the technical leadership and support of the World Health Organization, UNICEF and UNFPA, and implementing partners; and the support of the funding partners to facilitate the Network, and enable the transformation in health and sustainable development for every woman, newborn, and child everywhere to survive and thrive.



## Annex 3: Poster gallery

[Bangladesh](#)

[Cote d'Ivoire \(French\)](#); [Cote d'Ivoire \(English\)](#)

[Ethiopia](#)

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