

Summary report on the

Regional training workshop on promoting maternal and newborn health quality of care

WHO-EM/WRH/103/E

Rabat, Morocco
5–7 December 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a regional workshop on promoting maternal and newborn health quality of care (QoC) in Rabat, Morocco, from 5 to 7 December 2016. The workshop was attended by 45 participants from eight countries in the Region (Afghanistan, Djibouti, Egypt, Morocco, Pakistan, Somalia, Sudan and Tunisia) and staff from the United Nations Population Fund (UNFPA) and WHO.

The workshop aimed to strengthen maternal health and quality of health care through updating national programme managers on the recent framework, standards and guidelines to adopt and implement an integrated minimum basic package of interventions aimed at delivering a better quality of maternal and newborn health, before, during and after childbirth.

The specific objectives of the workshop were:

- to train national maternal and newborn health programme managers on the maternal and newborn QoC framework;
- to train programme managers on childbirth clinical guidelines, standards of care, effective interventions, and measures of quality of maternal and newborn health care; and
- to develop the skills of programme managers in utilizing QoC self-assessment tools in order to improve the quality of service delivery.

The workshop was inaugurated by Dr Laila Acharai, Director, Maternal Health Protection Services, Ministry of Health, Morocco. Dr Acharai highlighted the crucial role of QoC in improving maternal and newborn health along the continuum of care.

Dr Ramez Mahaini, Coordinator, Maternal and Child Health, WHO Regional Office for the Eastern Mediterranean, highlighted the need to address the quality of maternal and newborn health services in line with the United Nations (UN) global strategy for women's, children's and adolescents' health (2016–2030) and the Sustainable Development Goal targets. Dr Mahaini noted that special attention should be given to countries with a high burden of maternal and child mortality and countries in crisis situations. He stressed the critical role of QoC during the childbirth period for saving the maximum number of maternal and newborn lives and preventing stillbirths.

Dr Yves Souteyrand, WHO Representative in Morocco, highlighted the importance of universal health coverage and noted its linkages with the quality of maternal and newborn health care. He expressed the need for strengthening the QoC component within existing maternal and newborn health interventions, since it is a cross-cutting issue, starting with building technical capacity of the workforce and ensuring that the culture of QoC is well established and respected.

2. Summary of discussions

The workshop focused on reviewing progress achieved in the participating countries in implementing maternal and newborn health care services, and improving their quality through adopting appropriate tools, guidelines and standards. WHO's up-to-date tools and guidelines were presented and discussed, raising the linkages with relevant international initiatives including the global strategy for women's, children's and adolescents' health (2016–2030) and the every newborn action plan, while targeting achievement of the Sustainable Development Goals (SDGs) by 2030.

WHO's vision towards improving maternal and newborn health QoC is based on the effective use of data, maintaining accountability and

ensuring continuum of care. Provided health care should be safe, effective, timely, efficient and people-centred. WHO's QoC framework for maternal and newborn health includes effective communication, respect, dignity and emotional support. The framework highlights: linkages between health strategies and leadership; assessment; standards of care; and interventions aiming to improve maternal and newborn health outcomes. Eight evidence-based standards have been set for QoC. The inputs required for the implementation of maternal and newborn health QoC interventions include leadership, financial support, resource provision assessment, workforce, data and community involvement.

The participants highlighted the need for establishing a network for maternal and newborn health QoC, reflecting the commitment of governments, partners and funding agencies, in collaboration with WHO and concerned UN agencies. The goal of this network is to provide every pregnant woman and newborn with quality health care services. The strategic domains of the network are: leadership, actions to implement QoC standards, learning process and accountability.

Universal health coverage means that all people receive the health services they need without suffering financial hardship. It remains a backbone to enabling the achievement of the SDG targets along with national commitment to provide QoC services through maternal and newborn universal health coverage. Discussions on ensuring universal health coverage and maternal and newborn health QoC categorized Member States into three groups. The first group, which includes high-income countries, is making progress towards achieving universal health coverage. The second group is making some progress towards the target, but faces challenges. The third group, which includes low-income countries, is making little or no progress. Challenges to maternal and newborn health QoC include lack of

investment in essential health services and weak development, distribution and capacity-building of the health workforce. It was noted that the use of primary health care services, with linkages between the public and private sectors, is critical to ensure universal health coverage of maternal and newborn health QoC, particularly for the poorest populations.

The need to integrate and adopt the WHO Safe Childbirth Checklist into health facility practice at national and district levels was emphasized. The Checklist is a compilation of evidence-based practices, organized in accordance with four critical stages of the childbirth period namely: admission; just prior to delivery; within 1 hour after birth; and before discharge (assuming that the mother spent at least 24 hours in the health facility after delivery). The development process of the Safe Childbirth Checklist was shared with participants, from formal consultation in 2008, to field evaluation in nine countries in 2010 and pilot-testing in India in 2012. A large randomized controlled trial including 116 000 births across Uttar Pradesh in India is still ongoing (2012–2017), and results will be published on WHO's website. Guidance on implementation of the Safe Childbirth Checklist was shared, highlighting the key steps required in subject health facilities including: training all concerned stakeholders to understand the tools; adapting the Checklist to fit local context; launching and implementing the Checklist; providing supportive supervision; and documenting successes and challenges by gathering relevant information and ensuring feedback of the findings.

Discussion on midwifery services for better maternal and newborn health care stressed existing tools to improve QoC in this respect, including the regional strategy for nursing and midwifery. Shortages in midwifery workforce are common despite the crucial role of midwives in improving sexual, reproductive, maternal and newborn

health. The main challenges facing midwifery care in the Region are mainly due to inequitable distribution of midwives, inadequate QoC (due to lack of skills) and lack of knowledge (due inadequately enforced regulations) to meet the 46 essential interventions for sexual, reproductive, maternal and newborn health. Participants highlighted the need to improve midwifery services for better maternal and newborn health QoC through improving the midwifery training curricula to address inequities in accessibility, including refugees and internally displaced persons.

Participants identified the main challenges to improving maternal and newborn health QoC in countries as:

- lack of supportive regulations;
- poor health facility services and referral systems;
- shortage of maternal and newborn care providers and lack of capacity;
- lack of maternal and newborn health QoC policies and strategies, and absence of interaction/collaboration between management departments of maternal and newborn health and quality improvement;
- prioritization of universal health coverage with non-inclusion of the quality-of-care improvement component;
- existence of some cultural barriers, leading to the low status of women in local communities.

Maternal and newborn health QoC tools

Maternal and perinatal death surveillance and response aims to promote effective maternal and perinatal death surveillance and response, starting at health facility level and extending to the community and vital registration systems as feasible. Special focus

was given to adopting the surveillance tool as a quality-of-care improvement for effective maternal and perinatal death reviews, with the use of WHO standardized guidelines and standardized approaches, aiming to harmonize reporting of the underlying causes of maternal and neonatal deaths.

Maternal and newborn health hospital facility assessment aims to identify areas for improving QoC that are feasible and cost-effective. The tool includes a brief questionnaire on equipment, drugs and supplies, with a structured observation review of case management, based on accepted standards of care. At the end of the assessment, a summary evaluation score will be shared with the hospital team to improve the response based on the picture assessed during the whole process, taking into account all concerned units including: emergency obstetric care, maternity wards, infection control care, maternal essential drugs, equipment and supplies, and maternal care management. The use of a sliding scale scoring system goes from one to five and is based on qualitative type of information.

The Safe Childbirth Checklist should be assimilated to check for any missing elements in childbirth services for both the mother and her baby. Three key steps can help each facility achieve the best results: (i) engage – gain buy-in and establish a team to support implementation; (ii) launch – organize a launch event for formal introduction of the Checklist; (iii) support – provide continuous support through coaching, monitoring and evaluation.

Respectful midwifery care aims to help women to benefit from a positive experience with maternity caregivers, with emphasis on respectful childbirth. There is growing evidence of disrespect and maltreatment, ranging from minor disrespect of autonomy and dignity to outright abuse. For these reasons, the Respectful Maternity Care

charter was developed with focus on the interpersonal aspects of care received by women seeking maternity services. The aim of the charter is to raise awareness of the rights of childbearing women, highlighting the connections and linkages between human rights and maternity services. Further work is required on how to translate the charter into practice, for example: data collection and research, policies, strategies and rules, community awareness programmes, capacity-building, role models and advocacy for a positive childbirth experience.

The 2016 WHO guidelines on antenatal care comprise evidence-based actions related to health promotion, disease prevention, screening and treatment. They aim to reduce complications from pregnancy and childbirth, reduce stillbirth and perinatal death, and provide integrated care delivery throughout pregnancy. The guidelines are based on respectful care and optimizing service delivery standards; they take into account women's needs, particularly positive pregnancy experiences.

A new element is on adopting the use of ultrasound for all women during antenatal care for better screening and management while targeting patient-centred care. Countries stressed the quality assurance process at health facility level and importance of the continuum of care starting from preconception care. The feasibility of increasing the number of antenatal visits from four to eight was discussed, and how to measure antenatal care coverage using new indicators adjusted to capture the outcome. Universal health coverage was considered a platform to improve maternal and newborn health QoC by strengthening accessibility, financial coverage and QoC improvement including safety measures and efficiency.

Group work

It was noted that there is a general lack of QoC institutions, steering committees and provincial focal points to ensure implementation of maternal and newborn health QoC standards and measures. Coordination mechanisms to harmonize QoC efforts, with district focal points to monitor implementation of maternal and newborn health QoC activities; an integrated unit for QoC (including safety component, normalization and quality improvement); and QoC national committees and supportive regulatory mechanisms only exist in some countries. Hospital focal points do not exist in most countries and there is a lack of coordination between primary health care and hospital levels.

National strategies on QoC exist in some countries, but are outdated and do not consider reproductive, maternal, newborn, child and adolescent health-related issues. Some countries do not have an accreditation system for health facilities, which hinders quality assurance aspects and adoption of WHO guidelines.

Although assessments are ongoing in several countries, qualitative indicators are not considered and no systems exist for sharing and reviewing QoC performance at district level. Capacity strengthening in maternal and newborn health QoC at the regional/district levels is also lacking.

Although quantitative indicators are reflected in health information management systems, qualitative indicators are not developed. There are also issues related to fragmented data, redundancy and poor reporting techniques.

Development and adoption of scorecards, and conduction of audits in countries with learning networks are required. There is a lack of mentorship in maternal and newborn health QoC and performance-based financing in most countries.

Some countries have initiated maternal and newborn health QoC systems at the district level, but implementation remains at an early stage.

Health quality assurance and infection control activities, accreditation for health facilities, standard-setting for primary health care level, and quality control of drugs and nutrition are.

Technical assistance and resource requirements identified by the participants included updating of QoC standards and measures, training on surveillance, monitoring and evaluation, development of the monitoring dashboard, antenatal care, checklists, human rights charter, and research. It was noted that the main partners involved in QoC implementation activities include WHO, UNFPA, United Nations Children's Fund, the United States Agency for International Development and the European Union.

Further group work assessed implementation of maternal and newborn health QoC at the national level using the WHO analysis framework. Prerequisites for a sustainable roadmap for maternal and newborn health QoC at the country and district levels were highlighted, in line with WHO strategic objectives for better QoC.

Strategic objective 1. Lead and manage a bold national maternal and newborn health QoC initiative, and strengthen national institutions and mechanisms to support QoC:

- political commitment of decision-makers;
- inclusion of a national QoC strategy to support maternal and newborn health and other national care priorities, with costed maternal and newborn health QoC action plans;
- leadership and management of national maternal and newborn health QoC initiatives, and strengthening national institutions to support QoC;
- developing/strengthening existing national quality strategy that coordinates the planning assurance and improvement aspects of QoC
- involvement of existing national institution for maternal and newborn health, and updating of maternal and newborn health guidelines and norms;
- advocacy for strengthening fundraising and smooth implementation of QoC.

Strategic objective 2. Accelerate, scale up and sustain implementation of QoC improvements for mothers and newborns:

- development of a sustainable funding strategy to ensure needed resources;
- establishment of a government-led, multistakeholder steering group for quality improvement in maternal and newborn health services;
- country-specific national/provincial QoC standards and best practices;
- existence of a strategy for increasing human resources;
- implementation plan and enhance monitoring activities to ensure sustained quality standards and clinical audit
- adoption of the maternal and newborn health QoC framework at hospital level and coordinate efforts by involving all partners
- QoC standards as an integral part of health system and in the routine monitoring and health management information system.

Strategic objective 3. Facilitate learning, share knowledge and generate evidence on QoC:

- development and strengthening of data system for maternal and newborn health QoC;
- establishment of a virtual national/district learning system to share knowledge, linked with the global learning platform;
- building face-to-face communication and knowledge-sharing;
- establishment of well-distributed functional research units;
- review and update maternal and newborn health QoC guidelines, norms and standards;
- social media sharing information produced through hospital websites;
- agreed minimum of maternal and newborn health QoC indicators at national/regional levels.

Strategic objective 4. Develop, strengthen and sustain institutions and mechanisms for accountability for QoC:

- establishment of national/provincial framework and mechanisms for QoC
- institutionalization of the system improvement capability for country-led scale up and sustainability
- improvement of the culture of learning, transparency, data feedback and implementation of different tools
- strengthen mechanisms for tracking financial, human and material resources

Regional maternal and newborn health QoC indicators at the primary health care level are a cornerstone for ensuring health services performance and universal health coverage. Participants highlighted the need for appropriate tools to assess and monitor the quality and safety of health care services at the primary level. Development of the primary

health care QoC indicators began with literature review, followed by Delphi survey, pilot testing of the shortlisted indicators, second review by expert consultation (May 2015) and validation of the refined list by national focal points from 19 countries in the Region.

The 34 primary health care QoC indicators were shared with participants; they cover the six domains of QoC with emphasis on access and equity, safety, efficiency, effectiveness, patient centeredness and timeliness. The indicators are expected to contribute to QoC at the primary health care level, taking into consideration the context of targeted countries, as well as monitoring and reporting on pre-identified targets. Candidate countries are invited to adapt and adopt the list of primary health care indicators based on their needs, starting from pilot and assessment stage, and use the list at health facility level.

Further group work developed key actions for improving maternal and newborn QoC in countries, as summarized below.

Afghanistan: improve maternal and perinatal death surveillance and response; adopt the Safe Childbirth Checklist; revise the existing maternal and newborn health package and guidelines; and assess hospital facilities.

Djibouti: improve hospital accreditation; adopt maternal and newborn health QoC standards and guidelines; improve maternal and perinatal death surveillance and response; establish a national committee for maternal and perinatal death surveillance and response; and adopt the Safe Childbirth Checklist.

Egypt: adopt updated evidence-based interventions, including Comprehensive Emergency Obstetric and Newborn Care and WHO guidelines on antenatal care; introduce the Safe Childbirth

Checklist; and develop, strengthen and sustain institutional mechanisms for accountability monitoring.

Morocco: strengthen leadership and governance for maternal and newborn health QoC; update maternal and newborn QoC guidelines, standards and measures, including the Safe Childbirth Checklist; develop and strengthen the data system for maternal and newborn health QoC improvement; and develop a national framework and mechanism for accountability.

Pakistan: strengthen national/provincial public and private institutions for maternal and newborn health QoC; strengthen the accessibility and accountability of existing services using a bottom-up approach; and adopt maternal and newborn health evidence-based interventions.

Somalia: ensure leadership and governance structures by establishing a directorate for maternal and newborn health QoC with a steering committee; standardize maternal and newborn health QoC by adopting national standards and protocols, and disseminate them for implementation.

Sudan: accelerate and scale up QoC improvement for maternal and newborn health; develop national practice tools to support maternal and newborn health QoC; improve maternal and perinatal death surveillance and response; and facilitate knowledge-sharing and generate evidence on QoC while updating national database.

Tunisia: develop the QoC policy, strategy, and plan by strengthening governance, regulation and coordination, and adoption of the maternal and newborn health QoC guidelines

and standards; mobilize human and financial resources; and strengthen monitoring and evaluation tools and processes for maternal and newborn health QoC, including maternal and perinatal death surveillance and response.

3. Next steps

- Finalize the checklist on the quick landscape of the current status of maternal and newborn health QoC to assess readiness:
 - availability of national and district structures;
 - national QoC strategies and plans;
 - situation analysis and current status of QoC;
 - availability of data systems;
 - QoC improvement activities;
 - list of major partners involved in QoC implementation activities;
 - districts' implementation of QoC improvement activities;
 - technical assistance and resource requirements.

- Finalize the checklist with country partners using the WHO analysis framework for QoC implementation at the national level (excel sheet and ppt including strengths, weaknesses, actions, and partners).
- Submit country plans of action on maternal and newborn health/QoC for 2–3 or 5 years (up to the country)
 - involve all partners and stakeholders;
 - adopt the two checklists (landscape and situation analysis);
 - discuss and agree on the key actions of the roadmap and their implementation with metrics (PHC QoC indicators).

- Discuss with WHO for feedback.
- Finalize, launch and implement the plan of action (March 2017).



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