Strategic objectives for the development and implementation of maternal, newborn and child health quality of care programmes

World Health Organization

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Abbreviations

CSA	Child Survival Action
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EWENE	Every Woman Every Newborn Everywhere
LALA	Leadership, action, Learning and Accountability
LALA+	Leadership, Action, Learning and Accountability, underpinned by Measurement
LMICs	low- and middle-income countries
MPDSR	Maternal and perinatal death surveillance and response
MNCH	maternal, newborn and child health
MoH	Ministry of Health
NQPS	national quality policy and strategy
PHC	primary health care
QI	quality improvement
QoC	quality of care
QoC Network	Network for Improving Quality of Care for Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
UHC	universal health coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary

Quality of care	The extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred *(1).*
Quality of care interventions	Actions taken at different health system levels to improve the quality of health services *(2)*. These interventions can be categorized within four broad areas: • shaping the system environment • reducing harm • improving clinical care • engaging and empowering patients, families and communities *(3)*.
Quality of care standards	A description of what is expected to be provided to achieve high-quality care when a pregnant woman, a newborn, a child, or an adolescent presents for care, whether in a health facility or in the community. The standard of care has two main components: the quality statement and the quality measure. A quality statement sets out the requirements to achieve compliance, while the standard and quality measures provide objective evidence for determining whether the requirements have been met or not *(4)*.
Quality improvement (QI)	A systematic, formal approach to the analysis of practice performance and efforts to improve performance. A variety of approaches, also known as QI interventions, exist to help collect and analyse data and test change *(5)*
Learning for quality of care	A process of individuals and teams absorbing information that, when internalized and mixed with what they have experienced, leads to changes in core competencies (knowledge, behaviours or skills) that increase the likelihood of improved health system performance and future learning for delivering quality care *(6).*
Subnational level	The subnational level of a health system is defined in accordance with local jurisdictions. It typically encompasses geographical areas within the country, such as provinces, regions, districts or counties, which provide some health administrative functions for specific populations *(7).*

Executive summary

Despite progress in expanding access to health care, poor quality of care (QoC) remains a major contributor to preventable maternal, newborn and child deaths in many parts of the world.

Guided by a vision in which every woman, newborn and child receives high-quality, equitable and respectful care throughout pregnancy, childbirth and childhood, the *Network for Improving Quality of Care for Maternal, Newborn and Child Health* was established in 2017 as a platform for shared learning and coordinated action. Ten participating countries, supported by WHO and partners, co-developed and committed to a set of strategic objectives centred around leadership, action, learning and accountability (LALA).

In 2023, these objectives were updated, based on lessons learnt from scaling and implementing QoC programmes in maternal, newborn and child health (MNCH). A fifth, overarching objective, namely measurement, was subsequently added, resulting in and enhanced LALA+ framework.

This document presents the LALA+ strategic objectives and provides practical guidance for delivering high-quality, people-centred care to every woman, newborn and child, everywhere. These objectives are supported by associated outputs and deliverables and are intended to guide the implementation of scalable and sustainable QoC programmes, through a whole health systems approach.

LALA+ offers a flexible yet comprehensive framework for integrating quality into MNCH services. It supports the implementation of global initiatives such as Every Woman *Every Newborn Everywhere* (EWENE) and *Child Survival Action* (CSA) and aims to accelerate progress toward achieving the Sustainable Development Goals (SDGs).

Introduction

6-month-old baby boy receives a measles vaccine shot as part of the government's immunization campaign addressing measles outbreaks across Viet Nam. © WHO / My Pham

Quality care is needed to save lives and achieve the Sustainable Development Goals (SDGs), namely to reduce maternal deaths to fewer than 70 per 100 000 live births, newborn deaths to 12 per 1000 live births and likewise stillbirths to 12 per 1000 births, and finally to reduce under-5 mortality to as low as 25 per 1000 live births by 2030 *(8, 9)*.

Access to health care alone will not be enough to achieve this *(10, 11)*. Although skilled attendance at birth has increased from 58% in 1990 to 86% in 2023, many mothers and newborns still die or live with disabilities due to complications *(12, 13)*. Poor quality of care (QoC) is responsible for half of maternal and over 60% of newborn deaths in low- and middle-income countries (LMICs) *(14)*. Improving quality of care for maternal, newborn and child health (MNCH) remains an imperative *(15, 16)*.

The 2019 UN Declaration on universal health coverage (UHC) and the renewed primary health care (PHC) approach envision a world where high-quality care and services are available and accessible to everyone, everywhere, at all times *(17, 18)*. To achieve this, care must be effective, safe, people-centred, timely, equitable, integrated and efficient *(19).* Quality care is central to the UN's Global Strategy for Women's, Children's and Adolescents' Health *(20)*, the associated initiatives Every Woman Every Newborn Everywhere (EWENE) and Child Survival Action (CSA) *(21, 22)*, and other global strategies and action plans, including the Ending Preventable Maternal Mortality (EPMM) Strategy and the Every Newborn Action Plan (ENAP) *(15, 16).*

In response to the need to accelerate achievement of UHC goals with a focus on QoC for MNCH, the Network for Improving Quality of Care for Maternal, Newborn and Child Health (the QoC Network) was established in 2017. The QoC Network aims to realize the vision where every pregnant woman, newborn and child receives good-quality care throughout pregnancy, childbirth and the postnatal period *(23)*. Further information on the QoC Network is presented in Box 1.

Box 1. The Quality of Care Network

In 2017, ten countries: Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, Uganda and the United Republic of Tanzania, and later Sierra Leone, supported by WHO, UNFPA, UNICEF, implementation partners and funding agencies from all stakeholder groups, established the Network for Improving Quality of Care for Maternal and Newborn Health - the QoC Network *(24)*. This broad-based partnership committed to working to deliver the vision that every pregnant woman, newborn and child receives high-quality care, throughout pregnancy, childbirth, the postnatal period, infancy and into childhood *(23)*.

In working towards this vision, QoC Network countries and partners agreed to pursue four strategic objectives:

- **Leadership** – to build and strengthen national institutions and mechanisms for improving QOC in the health sector;
- **Action** – to accelerate and sustain implementation of QoC improvements for mothers and newborns;
- **Learning** – to facilitate learning, share knowledge and generate evidence on QoC; and
- **Accountability** – to develop, strengthen and sustain accountability for QoC.

In response, Network countries established governance structures, developed national QoC strategies with roadmaps to improve quality of care in health services, adopted and implemented the standards for improving quality of maternal and newborn care *(25)*, and improved health outcomes for mothers and newborns. The QoC Network also created a platform for countries to learn from each other and share best practices for implementation of QoC at scale *(26, 27, 28, 29)*.

The Network implementation experience informed the development of global technical guidance including the QoC implementation guide for national, district and facility levels *(5)*; guidance on developing national learning health care systems to sustain and scale up delivery of quality MNCH *(6);* a QoC monitoring framework and guidance *(30)*; a module on integrating stakeholder and community engagement in QoC initiatives for MNCH *(31)*; and other related knowledge briefs *(32, 33)*.

The country-led model also encouraged multi-stakeholder collaboration and knowledge-sharing to adapt global standards to local contexts *(34)*. Learning sites, quality coaching and integrated community engagement have strengthened implementation and accountability *(35)*. Despite challenges such as weak data systems and limited domestic funding, the Network has helped institutionalize quality of care for MNCH, embedding it in national health agendas and promoting a culture of continuous improvement *(28)*.

Recognizing and integrating lessons learnt (*36,* 37*)*, countries and partners continue to strengthen the implementation of QoC in MNCH as part of their health systems strengthening efforts and are thereby accelerating progress towards achieving the SDGs *(23, 26)*.

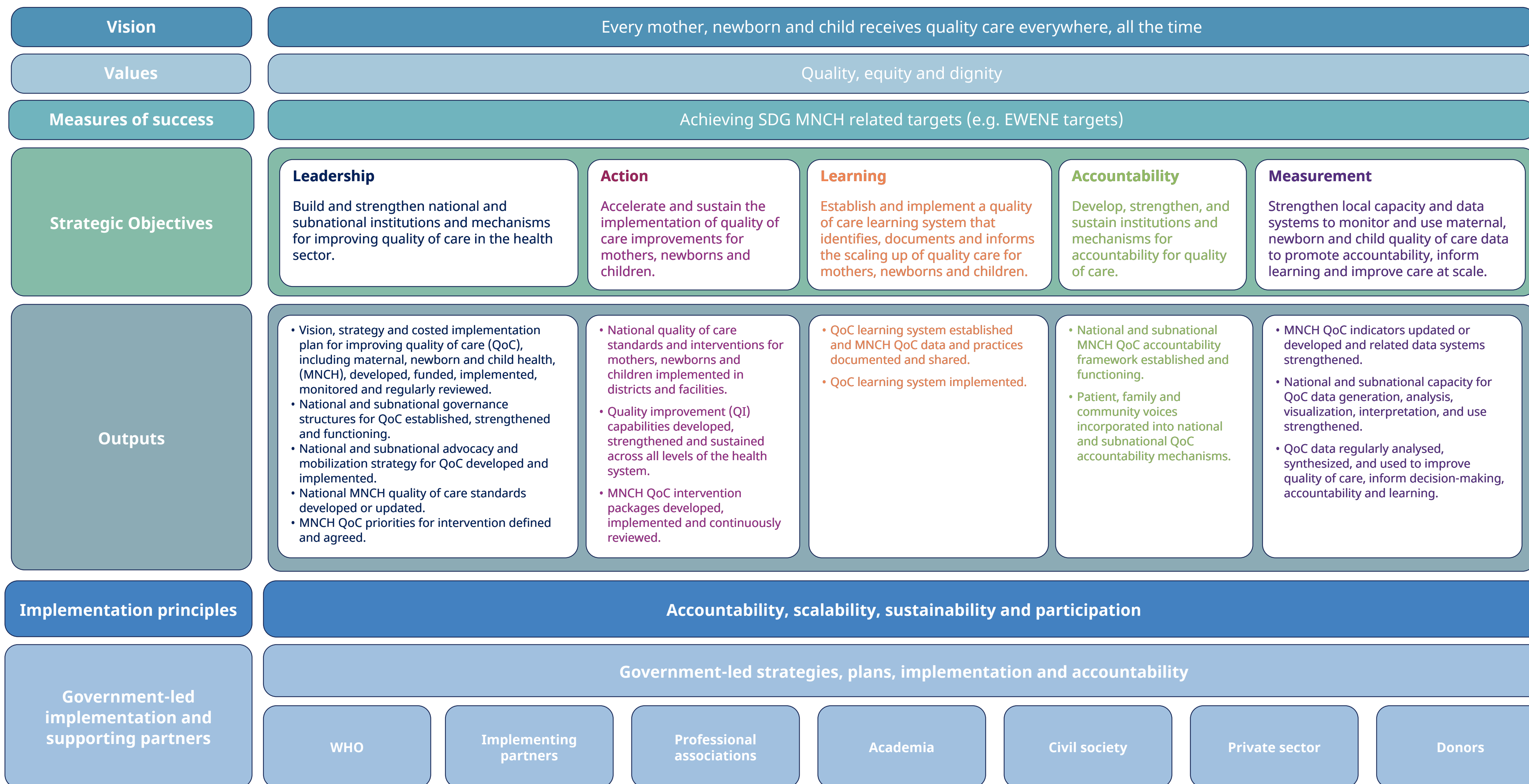
Development of the LALA+strategic objectives

KENYA: Health Workforce in Kisumu Country - 26 April 2024 Elizabeth brings her daughter Princes Angel to the Railways Health Clinic to get tested for malaria, April 2024. © WHO / Genna Print

In March 2023, the QoC Network countries and partners convened in Accra, Ghana to review progress and reflect on lessons learnt from implementation of the Leadership, Action, Learning and Accountability (LALA) strategic objectives, as well as consider the findings from the Network's independent evaluation *(36, 37)*. Discussions looked at the evolving health system contexts at the country level, as well as broader shifts in the global health landscape. These included the impacts of the COVID-19 pandemic, the ongoing challenges in strengthening health systems to deliver quality care at scale and sustainably within a primary health care (PHC) approach *(18)*, and the urgent need to accelerate implementation of global initiatives aiming to address stagnating progress toward MNCH-related SDG targets such as EWENE and CSA *(21, 22)*. The conclusion of this participatory review found that the LALA strategic objectives were providing a successful action pathway to improving QoC and achieve the SDGs by 2030 *(36, 37)*.

The meeting recognized that robust data and monitoring systems were essential for informed decision-making, quality improvement, continuous learning, transparency and accountability at all levels of the health system. This conclusion led to an updating of the initial LALA strategic objectives, to include Measurement, as well as the development of the LALA+ strategic objectives logical framework (Figure 1).

Figure 1. LALA+ strategic objectives logical framework



An expert technical working group comprising the Network Leadership, which includes representatives from the ministries of Health of the Network countries, implementing partners, technical experts, and WHO, together developed the detailed LALA+ strategic objectives. This process ensured that LALA+ was aligned with the EWENE and CSA initiatives *(21, 22)*, the WHO Operational framework for PHC *(18)*, WHO's Global Patient Safety Action Plan *(38)*, and the Maternal, Newborn, and Stillbirth Health Programmatic Transition Framework *(39)*.

Scope of this document

Purpose

The LALA+ strategic objectives offer countries practical guidance for designing, implementing, scaling up and sustaining high-quality care for mothers, newborns and children. Grounded in country contexts, the objectives aim to strengthen health systems, accelerate implementation of global MNCH-related initiatives and advance progress toward achieving the MNCH-related SDG targets. In doing so, they support countries in adapting and implementing coordinated, accelerated and integrated programmes to improve QoC for MNCH *(21, 22)*.

Target audience

The primary audience of these objectives includes national and subnational governments, health programme managers and health care workers. The objectives are also relevant to partner organizations, donors and funding agencies, technical experts and working groups, civil society, academia and professional associations and all other stakeholders working towards achieving integrated, equitable and quality health services.

Structure of the strategic objectives

Each strategic objective – Leadership, Action, Learning and Accountability, as well as Measurement – is accompanied by outputs that define what should be achieved, along with deliverables that set out the specific actions required. Deliverables are further categorized by action area, that is whether it relates to structures, processes or the capacities of the health system and/or service delivery, and the level of implementation (i.e., macro, meso and/or micro levels of the health system and service delivery). This approach recognizes that strengthening QoC for MNCH depends on having the right structures, processes and capacities in place to enable effective action across all levels of the health system and service delivery. While many of the outputs and deliverables presented in this document specifically relate to MNCH, they also apply to other programmes implementing interventions to improve the quality of care. Further details on the classification of deliverables are provided in Box 2.

Box 2. Strategic objectives – deliverables

The deliverables are structured around three action areas: **1. Structures** refer to the institutional arrangements, physical infrastructure, governance mechanisms and established frameworks within the health system, including governance bodies, policies and standards; **2. Processes** encompass the actions, activities and interventions undertaken to deliver care and achieve quality objectives; while 3. **Capacities** represent the skills, knowledge, resources and abilities of individuals and organizations to implement and sustain QoC interventions at all levels of the health system.

These deliverables operate across three broad levels of the health system and service delivery, which for the purpose of this document are classified as: **Macro level**, which refers to national governance, policy and strategic leadership; **Meso level**, which encompasses subnational structures such as regional, provincial or district health authorities that translate national priorities into operational plans and oversight; and **Micro level** which includes health facilities, service delivery teams and community-level actors responsible for the direct implementation of quality care.

How to use this document

The LALA+ strategic objectives offer a structured approach that can be adapted to suit different country contexts. Given the diversity of health systems, it is suggested that MNCH QoC stakeholders identify and implement the actions most relevant to and feasible within their setting.

Users should begin by reviewing the overarching LALA+ strategic objectives, then refer to the tables outlining the outputs and deliverables for each objective. Next, they should identify the key outputs which align with the current needs and priorities within their context. For each selected output, users are encouraged to select the deliverables most relevant and feasible within their context. Finally, they should consider the feasibility of implementing specific deliverables by action area and level of action, given the most urgent needs of their specific context, gaps and resources. Stakeholders can also use the LALA+ strategic objectives as a structured approach for planning, implementing and monitoring progress.

To aid implementation, Network-related publications are listed in Annex 1.

LALA+ strategic objectives

Integrating routine vaccination with measles vaccination campaign 6-month-old baby girl receives a measles vaccine shot as part of the government's immunization campaign addressing measles outbreaks across Viet Nam. In response to the outbreak, WHO has provided substantial support to the Ministry of Health in conducting risk assessments, developing national measles vaccination plans, and donating nearly 1.5 million doses of measles-containing vaccines to the Ministry of Health. This is part of WHO's ongoing commitment to support measles outbreak preparedness and response efforts in Viet Nam. © WHO / Loan Tran

Table 1 provides a summary overview of the five strategic objectives: Leadership, Action, Learning, Accountability and Measurement. Further detail on the objectives and their associated outputs and deliverables are provided below.

Table 1. The LALA+ strategic objectives at a glance

	Objective	Description
1.	Leadership	Build and strengthen institutions and mechanisms for improving quality of care in the health sector
2.	Action	Accelerate, sustain and scale up
3.	Learning	Set up and implement a learning system that facilitates and sustains quality planning, improvement and control
4.	Accountability	Develop, strengthen and sustain institutions and mechanisms for accountability for maternal, newborn and child health quality of care at scale
5.	Measurement	Strengthen local capacity and data systems to monitor and use

Strategic objective 1. Leadership

Build and strengthen national and subnational institutions and mechanisms for improving quality of care in the health sector.

National and subnational leadership is fundamental to guiding, coordinating and implementing QoC *(2, 18, 38)*. Effective leadership is critical for driving and sustaining improvements in QoC for MNCH patients through effective governance, strategic planning, stakeholder engagement and the implementation of context-appropriate standards and interventions *(5, 33, 39, 40, 41)*. This includes developing and implementing national and subnational strategies, roadmaps and action plans for achieving health targets; developing and sustaining QoC governance and implementation structures; defining standards of care; and enabling advocacy and resource mobilization. Empowering leadership at all levels to drive coordination, implementation and accountability for the QoC agenda across the health system remains essential.

On 29 March 2024, a mother breastfeeds her child in the nutrition stabilization center at Mehoni Primary Hospital. This hospital is the only health facility in Mehoni Tigray region dedicated to treating children with severe malnutrition. © WHO / Nitsebiho Asrat

Table 2. Strategic objective 1: Leadership – deliverables by output, action area and level of action

Output 1: Vision, strategy and costed implementation plan for improving QoC, including MNCH, developed, funded, implemented, monitored, and regularly reviewed.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. MOH-led, multi-programme and multi-stakeholder committee on QoC established, including community and other stakeholder representatives, leads policy and strategy development, monitoring and accountability, and provides guidance on QoC for MNCH.	●	●		●		
2. National quality policy and strategy (NQPS) and costed operational plan developed, monitored, reviewed and updated.	●	●		●		
3. Domestic funding allocated, with a clear budget line in the MOH budget and partners' resources, for implementation of the QoC operational plan.	●	●		●		
4. Implementation progress regularly reviewed, with policies and plans informed by information from implementation sites, performance review and emerging QoC challenges.		●	●	●		
5. Quality goals embedded into long-term governance frameworks and national health plans.	●			●		
6. National and subnational MNCH QoC landscape analysis conducted and periodically updated by the MNCH QoC committee or subnational teams, and case made for improving quality in MNCH.		●		●	●	
7. National MNCH QoC roadmap and subnational MNCH QoC operational plan developed and costed; milestones, indicators and targets developed, aligned with and in support of EWENE/CSA; partners aligned; action plan developed and resources allocated.	●	●		●	●	
8. Progress of the MNCH QoC roadmap and action plan implementation and subnational implementation plan regularly reviewed against targets and updated.	●	●		●	●	

Output 2: National and subnational governance structures for QoC established, strengthened and functioning.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. National QoC governance and co-ordination structures established, strengthened and functioning, and related roles and responsibilities across MOH QoC structures and programmes (including MNCH) mapped, agreed and integrated with existing structures (e.g. Maternal and child deaths surveillance and response committees).	●			●		
2. Subnational-led QoC multi-stakeholder committees, that include patients, community and other stakeholder representatives, across all programmes established and functioning (leads co-ordination, monitoring and review of QoC activities), including MNCH QoC.	●	●			●	
3. Quality improvement (QI) committees and teams in hospitals and health facilities established and/or integrated into existing structures, including coordination and interaction with patient safety reporting and learning systems (e.g. Maternal and perinatal death surveillance response (MPDSR) and child death audit committees) and functioning (i.e. meeting regularly, supporting audits, implementing projects and building capacity).	●	●	●			●
4. Feedback mechanisms among national, subnational and facility levels established and functional (e.g. periodic reviews, planning and resource allocation meetings, etc.) For more, see objective 3 on Learning.	**5**	**6**	**7**	**8**	**9**	**10**

Output 3: National and subnational advocacy and mobilization strategy for QoC developed and implemented.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. MNCH QoC champions among communities, patient organizations, civil society, professional associations, private sector partners, academia, etc. identified and supported to advocate for QoC.		●	●	●	●	●
2. Health leadership at all levels informed and advocating for MNCH QoC.		●	●	●	●	●
3. MNCH QoC advocacy plan developed with users, and implemented.	●	●		●	●	●

Output 4: National MNCH QoC standards developed or updated.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. National MNCH QoC standards and clinical care protocols that set evidence-based benchmarks for care in public and private sectors compiled, periodically reviewed and updated to follow WHO standards and to reflect evidence-based guidelines and policies.	●	●		●		
2. National MNCH QoC standards and protocols supported by implementation tools, such as audits, practice tools, checklists, etc.	●		●	●		

Output 5: Priority MNCH QoC interventions defined and agreed upon.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. Priority MNCH QoC interventions identified, agreed upon and periodically reviewed and updated to reflect new recommendations or best practices. (See also Strategic objective 2 - output 3).		●		●	●	●
2. Framework for scaling MNCH QoC interventions developed, adopted, operationalized and periodically updated based on learnings from implementation.	●	●		●	●	●

S= Structure; P= Process; C= Capacity; Ma= macro level; Me= meso level; Mi= micro level.

Strategic objective 2. Action

Accelerate and sustain implementation of quality of care improvements for mothers, newborns and children.

To support the scale-up and scale-out (spread) of QoC MNCH interventions, capabilities for QI need to be developed, strengthened and continuously supported at all levels of health service delivery *(5, 33, 42).*

Lufilufi Health Centre visit Faimanifo carries her baby girl Ana while they wait for their turn at the Lufilufi Health Centre in Samoa for childhood immunizations. Ana will receive her second dose vaccines according to Samoa's routine immunization schedule: oral polio vaccine; rotavirus vaccine; pentavalent vaccine to protect against diphtheria, pertussis, tetanus, Haemophilus influenzae type B, and hepatitis B and pneumococcal conjugate vaccine. © WHO / Faizza Tanggol

Table 3. Strategic objective 2: Action – outputs, deliverables, action areas and level of action

Output 1: National QoC standards and interventions for mothers, newborns and children implemented in districts and facilities.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. National MNCH QoC standards, protocols and supporting implementation tools disseminated to all stakeholders and in use.		●	●	●	●	●
2. Health care managers oriented on the MNCH QoC standards, protocols, implementation tools and intervention packages.			●		●	●
3. Assessments of facilities routinely carried out for adherence to MNCH QoC standards, and improvement plans developed, implemented and regularly reviewed.		●			●	●

Output 2: QI capabilities developed, strengthened and sustained across all levels of the health system.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. QI recognized as a core competency and fully integrated into the basic competencies of the health workforce.	●		●	●		
2. A workforce QI capability development strategy and plan that includes pre-service and in-service training of health workforce is developed and implemented.	●	●	●	●		
3. National QI curriculum, including training manuals, are developed, updated and in use.	●	●	●	●		
4. Institutions identified that can collaborate with the MoH to provide leadership in education and training for QoC.	●		●	●		
5. National and subnational strategies for QI support included in NQPS, MNCH and other relevant operational plans.	●			●	●	
6. National and subnational capacity for QI coaching and mentoring are developed or strengthened and implemented e.g., pools of MNCH QI master trainers, network of training of education centres.	●	●	●	●	●	●
7. On-site support for QI implementation established and functioning at subnational and facility levels, e.g., QI mentoring, coaching, supervision.	●	●	●		●	●

Output 3: MNCH QoC intervention packages developed, implemented and continuously reviewed.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. MNCH QoC intervention packages identified, and approaches or best practices for scaling up agreed upon and disseminated. (See also strategic objective 1 - output 5).	●	●		●		
2. MNCH QoC intervention packages periodically reviewed and updated to introduce new recommendations or best practices. (See also strategic objective 3 - outputs 1 and 2).		●		●		
3. MNCH QoC intervention packages adapted to the subnational context and periodically updated, based on implementation experiences.		●			●	
4. Subnational MNCH QoC plan that identifies health facilities that need support and provides for QI coaching is implemented, continuously reviewed and updated to respond to identified gaps.	●	●	●		●	●
5. Health facilities orientated on QoC for MNCH (i.e., QI, QoC standards, QoC MNCH interventions package).		●	●			●
6. Health facilities' MNCH QoC baseline data requirements for improvement and periodical assessment of progress against targets established, using existing data or data collected from new assessments.	●	●				●
7. MNCH QoC data continuously analysed, QI applied and practice improved (see strategic objective 5)		●				●
8. Learning system within and across health facilities and regions (e.g., participatory learning meetings, learning collaboratives, communities of practice, forums) operationalized (see strategic objective 3).	●	●	●		●	●

S= Structure; P= Process; C= Capacity; Ma= macro level; Me= meso level; Mi= micro level.

Strategic objective 3. Learning

Establish and implement a quality of care learning system that identifies, documents and shares best practices to inform the scaling up of quality care for mothers, newborns and children.

A QoC learning system for MNCH actively promotes, supports and facilitates the documentation and sharing of insights on improving health care for mothers, newborns and children *(43).* Such a learning system aims to foster the exchange of QoC information and knowledge across the health system *(6).* The primary goal of this is to elevate the quality of patient care provided and enhance the implementation of QI interventions. The learning system functions as a central hub for the exchange of knowledge, information and capacity-building efforts between national, subnational, facility and community level policy-makers, managers, health practitioners, scientists, communities and activists. Additionally, it functions as a conduit for cross-country learning, promoting the dissemination and uptake of contextually-relevant strategies and interventions that have demonstrated success in improving health care quality. The key functions of the QoC learning system include:

- building excitement and motivation by sharing progress and challenges across the health system and service delivery actors;
- providing a repository of technical knowledge, implementation ideas and tools;
- providing an inventory of tested ideas to assist communities engaged in similar activities;
- helping to establish communities of practice and learning collaboratives at national, subnational, facility and community levels, both virtually and face-to-face; and
- making QoC data transparent, comparable, available and easily accessible.

Integrating routine vaccination with measles vaccination campaign A doctor conducts a pre-vaccination screening for a 6-month-old baby boy before administering the measles vaccine during the government's campaign to address measles outbreaks across Viet Nam. In response to the outbreak, WHO has provided substantial support to the Ministry of Health in conducting risk assessments, developing national measles vaccination plans, and donating nearly 1.5 million doses of measles-containing vaccines to the Ministry of Health. This is part of WHO's ongoing commitment to support measles outbreak preparedness and response efforts in Viet Nam. © WHO / My Pham

Table 4. Strategic objective 3: Learning – outputs, deliverables, action areas and level of action

Output 1: The QoC learning system is established and MNCH QoC data and practices are documented and shared.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. Institutions identified to provide leadership in establishing and managing the QOC learning system.	●		●	●		
2. National and subnational QoC learning network (including MNCH) established, incorporating various learning mechanisms, such as patient safety reporting and learning systems (e.g. linked to MPDSR) learning collaboratives, communities of practice, participatory learning meetings, conferences and forums, to facilitate, support and promote QoC learning within and across all levels.	●	●	●	●	●	●
3. Stakeholders orientated, actively engaged and contribute to the QoC learning system e.g. community stakeholder associations, hospitals, MOH, professional associations, relevant research centres.		●	●	●	●	●
4. Sources of data to support learning identified and actions taken to strengthen data system (see Strategic objective 5).	●	●	●	●	●	●
5. QI documentation tools developed and tailored for QoC learning (including MNCH), encompassing reports from implementation sites, narratives, best practices, and lessons learnt from failures. (See also Strategic objective 2, outputs 2 and 3).	●	●	●	●	●	●
6. QI documentation tools widely disseminated and capacity-building efforts for users conducted to ensure effective use of these and continuous monitoring.		●	●	●	●	●

Strategic objective 4. Accountability

Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care.

Accountability is needed to ensure that MNCH QoC efforts lead to real, measurable improvements in patient outcomes by holding all actors responsible for delivering on commitments, using resources efficiently and achieving expected health outcomes *(43)*. Accountability in QoC encompasses various dimensions: establishing mechanisms to ensure that mothers, newborns and children receive quality and equitable care; channeling resources correctly for the provision and experience of QoC; guaranteeing that the outcomes of care meet expectations; and tracking changes to share with stakeholders, including governments, health providers, subnational teams, communities and patients *(31)*.

Clear accountability frameworks should be established, developed and strengthened through a consultative process, and communicated to all key stakeholders. Accountability frameworks should be goal-oriented, providing guidance on continuously monitoring the implementation of interventions. They should be comprehensive, cutting across all levels of the health delivery system, from national to subnational, right to the point of care. The primary focus for ensuring good accountability for QoC in MNCH will be to establish foundations in policy and to reflect on the continuous review of all programmes and interventions. Monitoring of the accountability framework should include relationships with other national institutions, such as academia, to facilitate periodic external reviews of programme implementation.

Accountability to and from governments, district authorities, facilities, health leaders and communities is often hindered by a lack of data, weak information systems and a lack of independent review mechanisms. Countries will continue to develop quality indicator dashboards with analytics suitable for community, facility, district, and national levels. They are encouraged to use these dashboards and their data regularly to track performance, publicize results and create internal accountability in the health system. Regular progress reviews against targets in the operational plan should be made public and discussed in national forums with multiple stakeholders participating.

Fatioma, 30, a refugee from Sudan, receives medical assistance for her pregnancy at the MSF Switzerland hospital upon her arrival in Adre, a border town in the Ouaddaï province, Chad. © WHO / Nicolò Filippo Rosso

Table 5. Strategic objective 4: Accountability – outputs, deliverables, action areas and level of action

Output 1: National and subnational MNCH QoC accountability framework established and functioning.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. An accountability framework outlining who is responsible for what, how progress is tracked and how results are reviewed and acted upon —specifically related to QoC for MNCH— developed and shared with all relevant stakeholders.	●	●		●	●	●
2. National and subnational QoC (including MNCH) structures regularly track, report and inform service users, health managers and the public on progress towards improvement targets, and refine actions to support continuous improvement (e.g., reflected in policy, programme planning, implementation, and financial and regulatory tools).	●	●		●	●	●
3. Existing national committees (e.g. national MPDSR committees) strengthened to receive, analyse and synthesize information on MNCH QoC and safety in the country.	●			●		
4. A periodic report (e.g. annual) on quality and safety of services for MNCH is produced.		●		●		

Output 2: Patient, family and community voices incorporated into national and subnational QoC accountability mechanisms.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. Guidance and procedures on patient, family and community engagement in accountability mechanisms and processes developed.	●	●		●	●	
2. Resources allocated for patient, family and community engagement at all levels, to ensure equitable, diverse, transparent and inclusive participation.			●	●	●	●
3. Mechanism for QoC accountability with involvement of patients, families and communities established, institutionalized and functioning.		●	●	●	●	●
4. National, subnational and facility level patient, family and community views incorporated into the QoC monitoring. (See also Strategic objective 5).	●	●		●	●	●
5. Patient champions, their representatives and communities involved in QI initiatives, QoC committees, governing boards (e.g. hospital boards), etc.		●	●	●	●	●

S= Structure; P= Process; C= Capacity; Ma= macro level; Me= meso level; Mi= micro level.

Strategic objective 5. Measurement

Strengthen local capacity and data systems to monitor and use maternal, newborn and child quality of care data to promote accountability, inform learning and improve care at scale.

Measurement is critical for tracking performance, guiding improvements and ensuring accountability across all levels of the health system *(30, 44).* Measurement spans across all four LALA+ strategic objectives. Health information management systems in many countries are evolving towards electronic record management systems. With such systems, transactional databases are envisioned, where continuous and coherent QoC data are collected on patients throughout their life course.

Many countries face a shortage of data needed to improve QoC. Data reflect the performance of the system and are crucial for informing leaders, planners, managers, health care providers, patients and communities about QoC resources, processes, performance and impact. Countries should persist in developing and implementing a systematic process for including core QoC indicators in national health information systems. The emphasis will be on avoiding the development of parallel data systems but rather strengthening existing systems for the seamless integration of QoC monitoring. National and subnational MNCH QoC indicators will thus be updated and integrated into national databases.

KENYA: Health Workforce in Kisumu Country - 26 April 2024 Student Nurse Brenda Kingi examines child in paediatric unit of Kisumu County Referral Hospital, April 2024. © WHO / Genna Print

Table 6. Strategic objective 5: Measurement – outputs, deliverables, action areas and level of action

Output 1: MNCH QoC indicators updated or developed and related data systems strengthened.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. A core set of MNCH QoC indicators linked to national MNCH priorities and aligned with MNCH QoC standards, and core global indicators, and agreed upon by key national stakeholders.	●	●		●		
2. National monitoring frameworks include core MNCH QoC indicators.	●			●		
3. Data collection, visualization, synthesis and reporting operationalized, in alignment with monitoring frameworks at all levels, and data quality continuously monitored. (See also Strategic objective 2).		●		●	●	●
4. QoC measurement readiness assessment across all levels conducted and strengthened, where required.		●	●	●	●	●
5. MNCH patient safety-related indicators integrated into the national patient safety reporting and learning system.						

Output 2: National and subnational capacity for QoC data generation, analysis, visualization, interpretation and use strengthened.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. All potential sources of MNCH QoC information (i.e. patients register, incident reporting system, clinical audits, clinical and organizational assessments, surveillance, people's voices surveys, etc.) mapped, updated, harmonized and integrated to support QI. (See also Strategic objective 2).	●	●		●	●	●
2. Standardized training in QoC measurement and data interpretation developed and embedded in QOC capacity strengthening efforts, including as part of QoC training and coaching, at all levels.	●	●	●	●	●	●
3. Data collection, analysis, and synthesis capacity built and strengthened at all levels.			●	●	●	●

Output 3: QoC data regularly analysed, synthesized, and used to improve QoC, inform decision-making, accountability and learning.	Action area			Level		
	S	P	C	Ma	Me	Mi
1. MNCH QoC data to establish benchmarks and set incremental targets, measure progress and inform continuous improvement and learning at facility, subnational and national levels regularly analysed, synthesized and used. (See also strategic objectives 2 and 3).		●		●	●	●
2. Improvements in care practice, service delivery, prioritization and planning (including resource allocation) at all levels are continuously informed by QoC data (see strategic objectives 2 and 3).		●		●	●	●
3. MNCH patient safety-related indicators are reported in and used by the national patient safety reporting and learning system.						

S= Structure; P= Process; C= Capacity; Ma= macro level; Me= meso level; Mi= micro level.

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SIERRA LEONE: Malaria vaccine - April 2024 Finda Kargbo, 36, lives in Grafton, also in Western Rural Area district, with her four children. She took her youngest child, Mary Bangura, to the Grafton Community Health Centre to receive the first dose of the malaria vaccine."When I heard about the malaria vaccine, I was happy. I know after taking the malaria vaccine, all my stress will now go away and I thank God for that," says Kargbo. © WHO / Ipro Media

Annex 1. Network-related publications

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