Quality, Equity and Dignity (QED) in services
EWEC and The Global Strategy

- Launched in 2010 and led by the UN Secretary-General, the *Every Woman Every Child* movement aims to intensify national and international commitment and action by governments, the UN, multilaterals, private sector and civil society to keep women’s, children’s and adolescents’ health and wellbeing at the heart of development. As a multi-stakeholder platform to operationalize the *Every Woman Every Child Global Strategy for Women’s, Children’s and Adolescents’ Health*, the movement seeks to ensure that all women, children and adolescents not only *survive*, but also *thrive* to help *transform* the world.

- The *EWEC High Level Steering Group* guides the strategic direction of the movement and the implementation of the Global Strategy.
The High-Level Steering Committee for Every Women Every Child has agreed on six focus areas:

- **Quality, Equity, Dignity (QED) in services**
- Early Childhood Development (ECD)
- Adolescents’ Health and Well-Being
- Sexual Reproductive Health and Rights (SRHR)
- Empowerment of Women, Girls and Communities
- Humanitarian & Fragile Settings

For more information: everywomeneverychild.org
Quality, Equity and Dignity (QED) in services

Vision:
Ensure that all women, children and adolescents have equal access to quality, affordable and respectful care and services, in all settings, with the aim of promoting the values of Quality, Equity and Dignity in both the provision and patient experience of health care.

Goal:
Accelerated progress towards the Global Strategy for Women’s, Children’s and Adolescents’ Health targets.

Global Strategy key indicators
- Maternal mortality ratio (SDG 3.1)
- Newborn mortality rate (SDG 3.2)
- Stillbirth rate (Global Strategy core indicator)
- Universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines (SDG 3.8)
- Proportion of population with access to affordable essential medicines on a sustainable basis (SDG 3.8 GS additional contextual indicators, by target)
- Number of functional emergency obstetric and newborn care (EmONC) facilities per 500,000 population (SDG 3.1 GS additional contextual indicator, by target)
- Legal frameworks to promote, enforce and monitor equality and nondiscrimination on the basis of sex (5.1.1 SDG indicator)
- Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)
- Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)
QED topline messages

• Addressing issues of quality, equity and dignity in healthcare is critical to ensuring the health and wellbeing of women, children and adolescents.

• As a basic right, increased attention must be given not only to access of healthcare, but also to ensuring quality and respectful care, equitably.

• The time around birth is the most critical period for saving mothers and newborns, and preventing stillbirths, through universal and high-quality healthcare.
Today, 214 million women in developing countries want to avoid pregnancy but are not using a modern method of contraception.

Each year, an estimated 74 million unintended pregnancies occur in developing countries due to a lack of contraceptive access or contraception failing.

An estimated 303,000 women die every year due to complications in pregnancy and childbirth.

In 2015, 2.7 million babies died during the first 28 days of life and an additional 2.6 million are stillborn.

Annually, more than 1.3 million babies begin labour alive and die before birth, and another million die on their day of birth.
QED – what we need for progress

• **Increased political commitment** to ensure equitable access to high-quality, respectful health care for all women, children and adolescents, in all settings.

• **Investments in health system strengthening** to ensure equitable access to people-centred, quality health services that respond to the unique needs of all women, children and adolescents and delivered in a safe, effective, timely, and efficient manner, especially around the time of birth.

• **Development and strengthening of structures and regulatory mechanisms across health systems** for quality planning, assurance and improvement at all levels, in both public and private sectors.

• **Review and strengthening of national health strategies and plans** to enable health systems to deliver quality care everywhere, including through adequate levels of health care professionals.

• **Particular focus on investments around the time of birth**, leveraging the unique opportunity to provide quality care and counselling to women and babies while ensuring full integration of services across the continuum of care.

• **Universal coverage of essential health interventions and life-saving commodities**, without financial risk, through commodity supply, capacity building and infrastructure development, community engagement, law and justice.

• A more robust **pipeline of innovations** to improve quality of care, health systems and access to services.

• Inclusive systems that promote **active engagement of women and communities** in the design and development of quality aims and accountability efforts.

• **Better data** to improve quality of care for maternal, newborn, child and adolescent health and drive evidence-based decision making for QED.
QED advocacy platform

• At global level: QED advocacy is a “big tent” under which partners from related maternal and newborn health advocacy networks can work together to support improvements in quality, equity and dignity.
  ➢ Partners includes those supporting ENAP, EPMM, breastfeeding improvements, respectful maternity care, and global working groups on preterm birth and stillbirths. Open membership.

• At country level: all interested stakeholders and networks, including those from civil society, health professional groups, academia, private business, and youth groups, will be supported by global advocacy partners to support national QED advocacy objectives, linking to national QoC platforms, led by government with country partners.

To find out more, contact Thiago Luchesi, Save the Children at Thiago.Luchesi@savethechildren.org
QED advocacy – Evolution and membership

• Initiated to support the focus area of EWEC and bring together key partners working within maternal and newborn health including:
  - Members of the Quality of Care Network
  - Theme specific working groups for MNH (i.e. Every Newborn, EPMM, breastfeeding, stillbirth, midwives, etc…)

• QED advocacy group: co-chaired by Save the Children and White Ribbon Alliance with coordination support from PMNCH

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QED advocacy – Priorities

• Supporting the Quality of Care Network spearheaded by WHO and UNICEF to reduce by half maternal and newborn deaths and stillbirths in health facilities in nine participating countries* within five years
• Urging countries to develop clear commitments and costed plans to achieve Universal Health Coverage (UHC) of essential health services for women, children and adolescents
• Promoting respectful care for women, newborns, children and adolescents and ensuring their dignity, privacy and confidentiality are respected in all settings.

*Initial focus countries for Network are Bangladesh, Cote d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania, and Uganda
QED advocacy – Country goals

• **Participation and community engagement:** QED will advocate for the participation and voice of women, families, communities, and other non-state actors into the design and implementation of the QoC Network.

• **Political commitment:** QED advocates will secure national policy and budget support for QoC standards, supporting the implementation of quality and equity-related goals of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

• **Accountability and alignment:** QED partners will advocate for improved monitoring, review and alignment of resources and action, including through community-based processes, media coverage, and national and sub-national parliamentary action.

• **Evidence and knowledge:** QED advocates will support the synthesis and collation of community-based evidence and knowledge to drive action, accountability and multi-stakeholder learning.
QED advocacy – Toolkit (forthcoming)

Purpose: To provide practical tools to support the QED advocacy priorities

Contents of toolkit

• Key messages on QED and messages by thematic area MNH-related advocacy and communication approaches
• Ideas for outreach and advocacy activities tailored to different audiences with examples and templates for how to do these activities (letters to policy-makers, briefs, press releases, social media toolkits)

Toolkit will be available by November 2017

To find out more, contact Thiago Luchesi, Save the Children at Thiago.Luchesi@savechildren.org