Quality of Care:

Importance of person-centered care in the era of Universal Health Coverage
Critical time for quality of care

- Better health outcomes through improvement in quality
- Building quality mechanisms into the foundations of health systems
- All governments should have a national quality policy and strategy

June 2018

August 2018

September 2018
WHO Vision - Quality of Care Framework

Health system

Quality of Care

PROVISION OF CARE
1. Evidence based practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems

EXPERIENCE OF CARE
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support
7. Competent, motivated human resources
8. Essential physical resources available

Individual and facility-level outcomes

Coverage of key practices
People-centred outcomes
Health outcomes

http://apps.who.int/iris/bitstream/10665/249
Highlights from WHO’s research and normative work
Background

- **Bowser and Hill (2010)**
  - Landscape analysis outlining the issue of disrespect and abuse during childbirth

- **WHO technical consultation (2013)**
  - Develop a universal typology of the mistreatment of women during childbirth; and
  - Initiate research activities to develop, validate and apply measurement tools to measure the prevalence of this mistreatment.

- **WHO statement (2014)**
  - “Prevention and elimination of disrespect and abuse during childbirth”
Framing and terminology

Obstetric violence

Disrespect and abuse

Mistreatment

Respectful care
Background

WHO Multi-country Study: *How women are treated during facility-based childbirth (2015-2018)*

WHO conducted a mixed-methods systematic review to develop a typology of what constitutes mistreatment of women during childbirth:

Typology:

- physical abuse
- sexual abuse
- verbal abuse
- stigma and discrimination,
- failure to meet professional standards of care
- poor rapport between women and providers
- health system conditions and constraints
How women are treated during facility-based childbirth (2015-2018)

❑ Two phased multi-country study:
  • **Phase 1**: Qualitative formative research to explore what constitutes mistreatment during childbirth
  • **Phase 2**: Develop and validate two tools to measure mistreatment during childbirth (prevalence results *in press* in the Lancet):
    • Labour observation tool
    • Community survey tool

❑ Four countries:
  • Nigeria
  • Ghana
  • Guinea
  • Myanmar
WHO’s recommendations on intrapartum care

Intrapartum care for a positive childbirth experience

- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour and birth position of choice
Human rights and mistreatment of women

- Engaging women and accounting for their experiences in health systems is the first order of respect in a human rights approach to maternal care.

- Enabling environment for women to speak up about their experiences as service users, and listening when they do speak up.

- Women are NOT passive recipients of healthcare services, but active and informed individuals with unique expectations and needs.

- High priority in the global agenda.

- The Special Rapporteur on Violence Against Women (VAW) will be presenting her report at UN General Assembly (October 2019).
ENSURE DIGNIFIED AND RESPECTFUL CARE DURING CHILDBIRTH

Women have the right to give birth free from physical or verbal abuse, discrimination and neglect.

HEALTH IS A HUMAN RIGHT
Additional slides
How women are treated during facility-based childbirth (2015-2018) -1

- Two phased multi-country study:
  - Phase 1: Qualitative formative research to explore what constitutes mistreatment during childbirth

- Four countries:
  - Nigeria
  - Ghana
  - Guinea
  - Myanmar
How women are treated during facility-based childbirth (2015-2018) -2

❑ Two phased multi-country study:
  • **Phase 2**: Develop and validate two tools to measure mistreatment during childbirth:
    • Labour observation tool
    • Community survey tool
  • Results forthcoming in the Lancet (*in press*)

❑ Four countries:
  • Nigeria
  • Ghana
  • Guinea
  • Myanmar
Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis (2017)

- **Aim:** to develop a conceptualization of RMC from the perspectives of key stakeholders

- **12 domains** of RMC synthesized:
  - Being free from harm and mistreatment
  - Maintaining privacy and confidentiality
  - Preserving women’s dignity
  - Prospective provision of information and seeking of informed consent
  - Ensuring continuous access to family and community support
  - Enhancing quality of physical environment and resources
  - Providing equitable maternity care
  - Engaging with effective communication
  - Respecting women’s choices that strengthen their capabilities to give birth
  - Availability of competent and motivated human resources
  - Provision of efficient and effective care
  - Continuity of care

- **67 studies** included from 32 countries