

Progress achieved under the MDGs was tremendous and unprecedented, with maternal mortality falling by 45% since 1990 and under-five mortality declining by more than 50% in the same time period.¹ Yet progress across interventions and regions, as well as within countries, is often undermined by poor quality of care and high levels of inequities. Preventable maternal and newborn mortality and stillbirths remain unacceptably high and continue to hinder the health and human rights of women, children and adolescents. As countries expand their health systems towards achieving Universal Health Coverage (UHC), both ‘access to care’ and ‘quality of care’ are critical for ending preventable maternal, newborn, child and adolescent deaths by 2030. Health care professionals, especially midwives, have a crucial role to play in the provision of quality care to prevent maternal and newborn mortality and stillbirths, as well as to reduce avoidable morbidity and improve experience of care. Aligned to the 2030 Agenda for Sustainable Development and the *Every Woman Every Child Global Strategy for Women’s, Children’s, and Adolescents’ Health*, the *Quality, Equity and Dignity Initiative* is committed to ensure that all women, children and adolescents have equal access to quality, affordable and respectful health 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. The initiative provides an important platform for advocacy and programming, particularly in its effort to support the Quality of Care Network being led by the WHO and UNICEF, its work to support the development of costed national plans to achieve universal coverage of essential health services for women, children and adolescents and its promotion of respectful care in all settings. As we build on the momentum of the MDGs, we must ensure quality, equity and dignity in services for all women, children and adolescents to ensure we go the last mile and achieve a sustainable future for all by 2030.

WHAT DO 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

TOP LINE MESSAGES

Addressing issues of quality, equity and dignity in healthcare is critical to ensuring the health and well-being of women, children and adolescents. As health systems expand their reach across the globe, both ‘access to care’ and ‘quality of care’ will be critical for ending preventable maternal, newborn, child and adolescent deaths by 2030. This will require additional investments in the necessary infrastructure, a skilled health workforce, medical supplies, appropriate information systems, clinical standards and guidelines, as well as effective systems of regulation and accountability.

¹ The Millennium Development Goals Report (2015). [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

TOP LINE MESSAGES (cont'd)

As a basic right, increased attention must be given not only to access of healthcare, but also to ensuring quality and respectful care, equitably. This will require efforts to ensure essential services for women, children and adolescents are prioritised in countries' plans to achieve Universal Health Coverage, including targeted solutions to overcome financial and social barriers to care. Human rights-, equity- and gender-based approaches must be fully integrated into health sector policies and programming to ensure all have equitable access to quality and respectful services that protect them from harmful practices while experiencing health care, in all settings.

The time around birth is the most critical period for saving mothers and newborns, and preventing stillbirths, through universal and high-quality healthcare. Giving birth in a health facility does not always translate to a safe birth. Additional focus is needed to ensure good quality care throughout pregnancy, childbirth and the postnatal period, including through targeted interventions with proven long-term benefits, like exclusive breastfeeding.

KEY STATISTICS

- Today, 214 million women in developing countries want to avoid pregnancy but are not using a modern method of contraception.²
- Each year, an estimated 74 million unintended pregnancies occur in developing countries due to contraception failing or a lack of contraceptive access.³
- An estimated 303,000 women die every year due to complications in pregnancy and childbirth.⁴
- In 2015, 2.7 million babies died during the first 28 days of life and an additional 2.6 million are stillborn.^{5,6}
- Annually, more than 1.3 million babies begin labour alive and die before birth, and another million die on their day of birth.⁷

MEASURING PROGRESS: KEY INDICATORS FROM THE EWEC GLOBAL STRATEGY

- 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 (SDG3.1 GS additional contextual indicator, by target)
- Legal frameworks to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1)
- 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)

² Guttmacher Institute, Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

³ Polis CB et al., Contraceptive Failure Rates in the Developing World: An Analysis of Demographic and Health Survey Data in 43 Countries, New York: Guttmacher Institute, 2016 (https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-failure-rates-in-developing-world_1.pdf)

⁴ WHO Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs348/en/>

⁵ Levels and Trends in Child Mortality. Report 2015. The Inter-agency Group for Child Mortality Estimation (UN IGME). UNICEF, WHO, The World Bank, United Nations Population Division. New York, USA, UNICEF, 2015

⁶ National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis. Blencowe H, Cousens S, Jassir FB, Say L, Chou D, Mathers C et al. Lancet Glob Health. 2016 Feb;4(2):e98-e108. doi: 10.1016/S2214-109X(15)00275-2.

⁷ The Lancet Ending Preventable Stillbirths Series (2016). <http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-sum.pdf>

