

BEYOND SURVIVAL

— A JSI SERIES ON CHILD HEALTH

Raising the Quality of Care for Children and Adolescents



JSI's approach to supporting the health of women and children is rooted in a life-course perspective and recognizes that biological, behavioral, environmental, and socio-economic factors determine health outcomes. Health equity is therefore integral to our work.

BACKGROUND

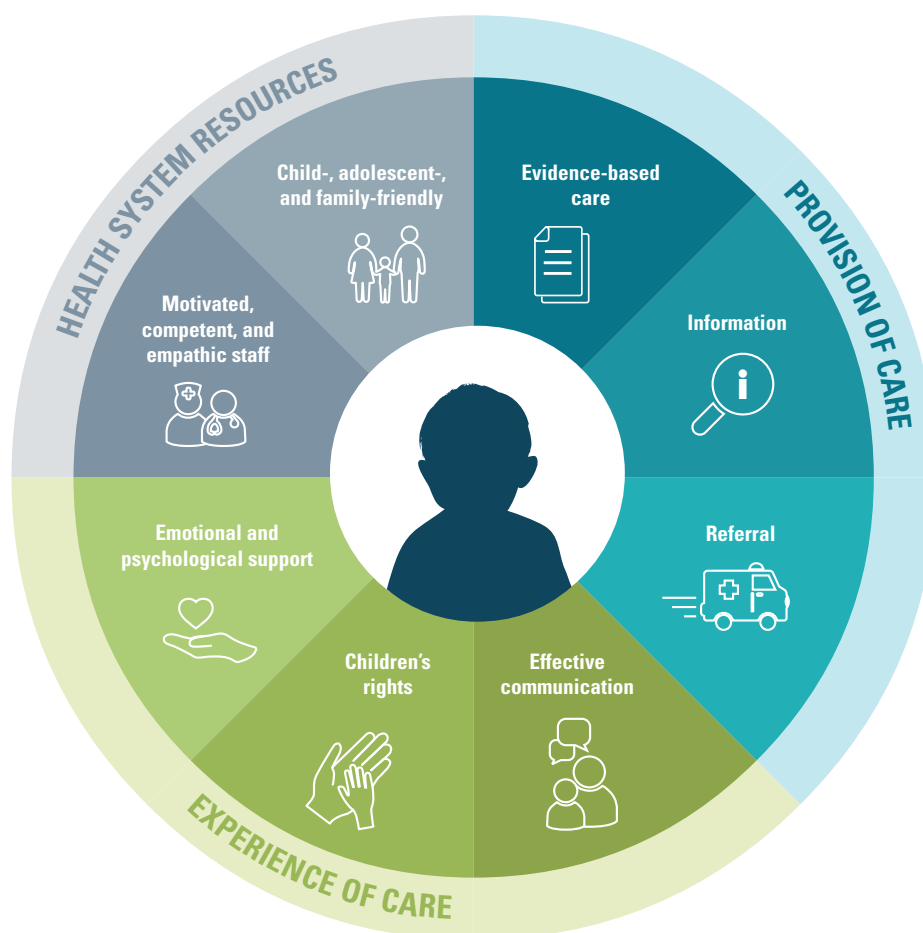
In many low- and middle-income countries (LMICs), poor quality of care for children and adolescents is common.¹ During a typical preventive or curative visit, children often receive less than half of the recommended clinical actions, leading to incorrect diagnoses for serious conditions and delayed or incorrect treatments, unnecessary morbidity and mortality, over-use of antibiotics, and antimicrobial resistance.² In addition to these clinical shortcomings, caregivers and patients sometimes experience disrespectful care, short consultations, poor communications, or long wait times, which may discourage them from seeking care. All of these factors point to an unquestionable need to improve the quality of care and add aspects of human rights into maternal and child survival programs.

Global strategies such as the Integrated Management of Newborn and Childhood Illness (IMNCI) have greatly improved health care for children and adolescents since the mid-1990s. However, the current implementation of strategies like IMNCI will not enable countries to reach the health-related Sustainable Development Goals (SDGs) unless quality of care is improved.³ This means making necessary improvements to the health system and to the conditions in which frontline workers provide care. From the client's perspective, such improvements must include a better experience of care with emotional and psychological support, respect for caregivers and children, improved communication, and meaningful participation of caregivers and patients in their own care.

QUALITY OF CARE FRAMEWORKS

In 2018, the World Health Organization (WHO) released the *Standards for improving the quality of care for children and young adolescents in health facilities*, a guide that provides standards and measurements for child and adolescents health services.⁴ The standards are the foundation for a quality of care framework focusing on provision of care, experience of care, and health system resources (see figure 1). It considers children's right to health and recognizes that their health needs, as well as their physical, psychosocial, developmental, and communication needs, are different from those of adults.

Figure 1. Framework for Quality of Care for Children and Young Adolescents



Source: WHO Social media resources: Quality of care standards for children and young adolescents in health facilities



PROVISION OF CARE

Provision of care standards ensure that the care provided is child-, adolescent-, and family-centered. All children should receive **evidence-based care**, which includes appropriate assessment, classification, and management of common conditions. **Information** about the care provided should be recorded and used to maximize the quality of care, and it should be reported in the health management information system (HMIS). A functional **referral** system should assure that all children who cannot be treated effectively at the health facility receive appropriate and timely referral to the next level of care.



EXPERIENCE OF CARE

Experience of care standards ensure that children and their caregivers are respected, protected, and supported emotionally and psychologically, and that they can **meaningfully participate** according to their capacity. Children should receive care that fits their needs and the needs of their families. Facility staff should assure that **communication is effective** and that it contributes to children's development, learning, and progressive autonomy. Health care providers should recognize **children's rights** and treat them with respect, sensitivity, and without discrimination. Children and their families should receive educational, **emotional, and psychosocial support** tailored to their needs, including opportunities for activities such as play, recreation, and education.



HEALTH SYSTEM RESOURCES

The health system needed to support the quality of care should recruit, deploy, and mentor **motivated, competent, and empathic staff** that are consistently available to provide routine care and management of common childhood illnesses. Health facilities should be easily accessible, safe, secure, as well as **child-, adolescent-, and family-friendly**. They should have adequate water, sanitation, waste management, energy supply, medicines, medical supplies, and equipment for the care of children. The WHO quality of care standards can help managers monitor that these conditions are improving.

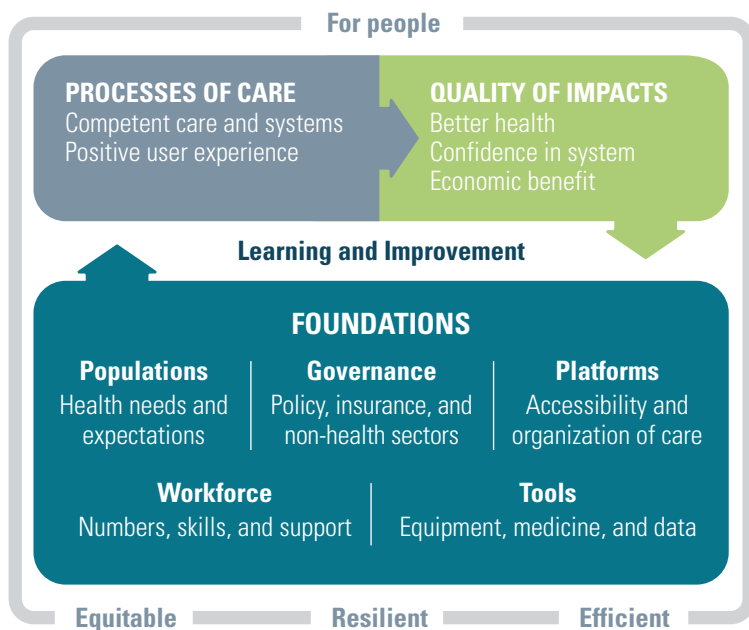
In 2018, building on existing frameworks, including WHO's building blocks,⁵ their new quality of care framework outlined above, and the plan-do-study-act cycle for quality improvement,⁶ the Lancet Global Health Commission introduced a framework for high-quality health systems with **foundations, processes of care**, and **quality impacts** as key domains (see figure 2). This framework includes new elements in and around the health system, which affect quality of care. These include leadership, insurance, and non-health sectors. Quality impacts for patients include economic benefits and confidence in a system that is ultimately equitable, resilient, and efficient.

To encourage actions that improve quality, the WHO established the [Quality of Care Network](#), which facilitates joint learning in 11 focus countries. The network aims to accelerate scale-up of quality maternal, newborn, and child services and strengthen the evidence for cost-effective approaches. It is an excellent platform for generating and sharing in-country and regional learning. Although the network currently focuses on maternal and newborn health, the issues it is tackling are often the same as for child health, so child health advocates in focus countries could benefit from participating.

HIGH-QUALITY CARE THROUGH A HEALTH SYSTEMS APPROACH

Both frameworks make it clear that the health system is fundamental in improving quality of care. Therefore, to make sustainable changes in the quality of child and adolescent health, a health systems approach is necessary.⁷ A weak health system cannot adequately support health workers to improve the quality of care they provide, and neither can it support coverage for all to achieve equity. Most donors and LMICs have focused on infectious disease control and maternal and child health, and are only now turning their attention to universal health coverage (UHC) and a life-course view of health.

Figure 2. High-Quality Health System Framework



Source: The Lancet Global Health Commission on High Quality Health Systems in the SDG Era



Annet K. with her son Aaron, who recovered from severe malnutrition and tuberculosis. Aaron was diagnosed by a nurse trained in IMNCI at a health facility in Ntungamo district, Uganda.

TRAINING HEALTH WORKERS TO SERVE THE WHOLE CHILD SAVES LIVES IN UGANDA

In Uganda's Ntungamo district, two-year-old Aaron was treated at a private clinic and then at a hospital for his persistent cough and fever, but his condition continued to deteriorate. Desperate, his parents took him to a hospital where staff had recently been trained to serve a broad range of childhood conditions, also known as serving "the whole child." Using a newly introduced checklist, a nurse requested further tests, which indicated that Aaron had severe malnutrition and tuberculosis and would need inpatient treatment. After a month, he was released in good condition.

"Aaron got much improvement," says his mother, "the swelling of the legs disappeared, his appetite improved, the cough subsided, and the fever reduced. I can now sleep well. Before I was worried all day and night... he is even gaining weight...and plays well. I am happy with the services...because my child could have died."

The health workers who cared for Aaron had received training in IMNCI, which saves the lives of many under-five patients.⁸ In Uganda, health system failures often lead to misdiagnosis, inappropriate treatment, poor management of complicated cases, and delayed referral. These factors contribute to an estimated 1 in 16 children under age 5 dying each year. Uganda's Ministry of Health and partners have trained an estimated 75 percent of Uganda's frontline health workers in IMNCI over the past decades, yet there are still too many who lack the training, supervision, and support they need to provide high-quality services for children.

Health systems must be able to withstand and adapt to changing epidemiology and crises. Environmental and demographic change, such as aging populations, means that countries' health needs and expectations shift. Health crises, such as the recent Ebola epidemics in West Africa and the COVID-19 pandemic, emphasize the need for resilient health systems, or systems that are prepared for and can effectively respond to crises, while maintaining core functions and reorganizing those functions, if needed.⁹ High-quality health systems are not only resilient and able to respond to routine challenges and crises, they also have accountable leaders who respect and motivate their frontline staff.¹⁰

USING DATA IMPROVES QUALITY OF CARE

Improving the care of every child requires up-to-date, high-quality data on vital events and measurements of equity, coverage, and quality. Better and more granular data will enable facilities to improve the health and nutrition of those most in need and address inequities in coverage and quality. Frequent data collection, reporting, and analysis will enable facilities to monitor equity gaps and capture the changing patterns of populations most in need. This, in turn, will enable facilities to better address the changing child health challenges and tailor programs to local needs and priorities.

Assuring that the HMIS is actionable is an integral part of quality improvement efforts. In many countries, the routine HMIS must be

strengthened to guide quality of care interventions. Few countries currently record all key data related to sick child assessment, classification, treatment, counseling, and vaccination.¹¹ Giving health workers the tools to record this information not only improves data quality and flow, but also prompts them to perform specific assessment and counseling tasks as they examine a child.

As countries adopt global child health quality standards and define quality of care indicators, child health data collected through the HMIS and data use at local levels will improve. Routine HMIS data and other information sources—quick facility surveys, observations during supervision visits, exit interviews with feedback from children and their families—should guide improvement efforts equally.

UNDERSTANDING CHILD DEATHS

Currently, worldwide, one in four children under age 5 does not “officially” exist because his or her birth was never legally recorded.¹² This lack of birth registration makes it challenging to plan and measure coverage of services. Other gaps in vital registration, such as deaths and their causes, make it difficult to understand when, where, and why children die. To improve the quality of care for children, countries should strengthen vital registration systems and follow the guidance in WHO's *Operational guide for facility-based audit and review of pediatric mortality*.¹³ Most child deaths, especially those occurring in facilities, could be avoided with better quality of care.¹⁴ By conducting



death audits, health providers and managers can identify patterns in causes of child deaths, which will help them prioritize interventions that will lead to better quality, better pediatric outcomes, and fewer child deaths.

Child death audits, however, are still rare. Considering that for each maternal death there are approximately 20 child deaths, countries that already review and respond to maternal and perinatal deaths should be encouraged to also conduct child death audits. Reviewing the circumstances and causes of death in health facilities is an important first step. Hospitals that have introduced child mortality, morbidity, or “near miss” reviews should use the WHO audit guidelines to strengthen this learning process and improve the care rendered to severely ill infants and children.

We recommend that diverse stakeholders outside of the health sector—such as district administrators and elected officials—participate in the audit process. This will facilitate advocacy for health system resources and promote a multisectoral approach to improving child health in line with WHO’s quality of care framework. By taking each child death seriously and conducting an audit, health professionals can show the community—and especially the families of children who have died—that children’s lives are important and that they are committed to learning and improving their practices to save lives.

PROMOTING QUALITY CARE

To improve the provision and quality of care for children, countries should continue to conduct IMNCI training, supportive supervision, and mentoring and coaching of frontline health workers. They also need to ensure that adequate health system resources are available, and that the client’s experience of care gets more attention. Global partners that implement health programs in collaboration with national and local institutions should help strengthen all the

foundations of a high-quality health system and resist the prospect of quick gains through small demonstration projects that distract from and reduce resources for quality UHC. Instead, we need to push for sustained, multi-partner commitment to building health systems that are robust and durable.

We recommend the following actions as a starting point:

- Improve routine health information systems, starting with medical records, registers, and reporting forms.
- Build or strengthen vital registries.
- Institutionalize child death audits and use findings to improve health services.
- Identify and address inequities in coverage and quality of care.
- Tailor programs to local needs and priorities.
- Share learning through the Quality of Care Network.

Advocacy efforts rely on information to leverage resources; therefore, supporting vital registries (i.e., universal birth and death registration) and health information systems is critical. Moreover, using data from local institutions in policy decisions builds confidence in, and demand for, locally generated evidence and is to be encouraged. As partners continue to support quality of care, they will need to work together to develop a common system for measuring the elements of the quality of care frameworks, monitor performance, and inform further improvements.

Maternal and newborn care, as well as child and adolescent health, rely on the same health systems. To strengthen these underlying systems and the quality of the services they provide, partners from different health areas—those working on various components of child health, as well as stakeholders outside of the health sector—must work together to align policies and programs that benefit the whole child.

JSI has worked with the WHO and individual countries for more than four decades to solve complex health problems. JSI helped WHO develop the *Standards for improving the quality of care for children and young adolescents in health facilities* and the *Operational guide for facility-based audit and review of pediatric mortality*. JSI works with ministries of health and local partners to adapt the quality of care standards and guidelines and integrate them in their ongoing programs.





ABOUT THE AUTHOR

Dr. Michel Pacqué is a senior child health expert at JSI with more than 35 years of international maternal, child health, and infectious diseases experience in Africa and Asia. He has worked as a clinician, researcher, program manager, and strategic advisor to nongovernmental organizations, ministries of health, and multilateral organizations. He has worked extensively for USAID-funded programs, including the Maternal and Child Survival Program, where he provided strategic technical direction for the child health portfolio in 14 countries. He is currently the child health team leader for the MOMENTUM Integrated Health Resilience project.

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