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Editorial

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Continuum of care for maternal, newborn and child health: Is it the solution?

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Editorial

Strategies for improving maternal, newborn and child health (MNCH) in low- and middle-income countries (LMICs) have been developed and implemented because the health of mothers and their babies is of great importance if equitable health and development is to be realized. Nevertheless, MNCH figures from the LMICs are still not encouraging – partly, because of the weak primary health care that is imbedded among the "ten threats to global health in 2019" by the World Health Organization [1]. The global reports have indicated that the risk of maternal death in Africa is 1 death in 160 mothers which is higher than that of high-income countries (i.e., 1 death in 3,700 mothers) [2], while the risk of a child's death remains 15 times higher than that of high-income countries [3]. Moreover, it is estimated that when one mother in LMICs dies, another 30 suffers from pregnancy-related problems or complications. These figures are out of proportion in comparison to the financial investment on MNCH, both nationally and globally, which reveals a serious imbalance in the health status between different regions.

Primary health care being the first point of contact with the health care system and should meet most of the health needs through the course of life that always begins at preconception. In as much as most health care systems in LMICs focuses on a specific point-in-time to provide health care, majority of deaths may be prevented if a follow-up system which consider the continuum of care (CoC) is in place – that is, before and during pregnancy, at birth, after birth, and child development through to adulthood. Though, studies on the CoC for MNCH are still limited as found by one systematic review on CoC which revealed that the majority of studies were on nursing, palliative care, and mental health [4], and none was on the CoC for MNCH. In the recent past, even fewer studies have also explored the CoC for MNCH.

Even though other experts may have a different opinion on the issue regarding the CoC for MNCH, our views have been shaped by discourses with colleagues, observations and extensive experiences. Over the past years, we have therefore embarked on assessing the associations in the continuity of care for MNCH [5,6], and quality of care in LMICs [7, 8]. These concerns are reflected in the weak performance, lack of a comprehensive structure, measures and data in public hospitals that can be used to investigate the quality of care along the continuum [9,10].

The problems of MNCH is systemic and may be difficult or not to deal with. While on one hand it may be difficult if self-interests, and not the population-interest, takes the center stage during policy development and implementation; on the other hand, it may not be difficult if well-organized health professionals, health sector leaders, academicians and the population at large would understand the impact of different health care systems and then develop one that would serve the needs of that specific population, as in the case of Taiwan's national health insurance which has a 99% coverage of its populace. A move, it must be said, that was academic in understanding various health systems in the world and then developing one that included the pros of those systems while omitting the cons. In various LMICs, however, the scholastic and 'academic' mindsets lagged in the old school of 'health care systems.' The lack of strong discussions on the health care subject while upholding self-interests, regressed the health care system in LMICs. Henceforward, the die was cast, and a painful legacy is clear to this day. Nonetheless, the most important issue today is not to play the 'blame game' or what should have been done, instead, scholarship and outcomes remains necessary.

In 2005, the World Health Organization (WHO) initiated the Countdown to 2015 indicators for tracking progress on the Millennium Development Goals 4 and 5 (MDG-4 and 5) because of the need of a radical change on strategies for improving the health outcomes. One of the major endorsements was to underscore the significance of equity in service coverage across the CoC for MNCH, as well as outcome measurement enhancement. However, not much was done to assess the CoC for MNCH in LMICs. It is therefore imperative that CoC for MNCH in LMICs be one of the researches, policy and discussion agenda in order to move towards the reduction of the global burden of disease. If there should be improvement in health outcomes, health system and structural adjustment are necessary in order to realize the continuity of care for MNCH, and consequently, the Sustainable Development Goal number 3 (SDG-3) targets would be achieved. An ideal health care system that should reduce preventable maternal, infant and child deaths, in this era, would therefore require an integration of MNCH programs with application and tracking procedures for essential service-delivery packages through life stages.

It may not be known if CoC for MNCH can be the most effective strategy if not much is done – in terms of research, policy development,

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structural adjustment and implementation – to explore its impact and not to rely on the conventional ways. The mothers and their babies still stand a chance and avoid grief resulting from upholding the 'old school' that has been in place over the years. Nonetheless, not all reasons for failure in MNCH in LMICs can be attributed to the ones stated here. There are several other elements, as found in extant literature, that have also contributed to the adequate use of health care services in LMICs. However, it remains to be known whether the CoC for MNCH can be the solution to the deaths experienced in LMICs as a result of being a mother and a child. If CoC for MNCH is to be implemented now, attempts should be made to extend the knowledge in this field, and consequently, improvement in the health outcomes. More research on CoC for MNCH, policy development, implementation strategies, and tracking mechanisms is therefore necessary in LMICs.

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