I. Realigning programmes

From interventions to a continuum of care

To date, much of the work and support of the international health community for maternal, newborn and child health has focused on disease-specific approaches, which have a strong evidence base and track record in scaling up. When well resourced, targeted, managed, funded and implemented at scale, specific interventions have often contributed to reductions in disease incidence and child mortality. These interventions are not without their limitations, however – not least because they have often failed to consider upstream constraints, such as governance, management and human resource limitations. In addition, the targeted focus of disease-specific approaches may limit synergies that could strengthen the broader health system.

Scaling up to achieve a continuum of care across time and place is increasingly viewed as one of the most promising ways to accelerate progress towards the health-related MDGs. However, the evidence base on the effectiveness and feasibility of the continuum of care is much less developed than for disease-specific interventions, and there is a growing need to gather evidence on how the latter approach can function in practice. It will require new frameworks and processes, especially with regards to the organization of programmes. These will call for several changes, namely:

- Specifying the intervention packages.
- Identifying benchmarks and targets.
- Integrating delivery strategies.

II. National strategic planning

Scaling up the continuum of care will also require adapting programme management structures to reflect the integration of the various components of the intervention packages. This will necessitate enhancing institutional and individual capacities, overcoming resistance to change, and integrating and coordinating fragmented funding streams, particularly those coming from international donors and partnerships.

Packaging interventions by service delivery mode

Packaging a range of evidence-based, cost-effective interventions has the potential to be among the most effective methods to accelerate improvements in maternal, newborn and child health. Scaling up requires that countries identify a continuum of care based on the following three service delivery modes:

- **Family-oriented, community-based services**: Provided on a regular basis by community health/nutrition promoters, with periodic oversight from skilled professionals.
- **Population-oriented scheduled services**: Provided by skilled or semi-skilled health staff, such as auxiliary nurses or birth attendants and other paramedical staff, through outreach or in facilities.
- **Individual-oriented clinical services**: Interventions that require the attention of health workers with advanced skills, such as midwives, nurses or physicians, available on a permanent basis.

The services delivered will depend on the country context and the capacity of its health system. The removal of bottlenecks can provide the scope for increased coverage.

Combining the delivery of interventions according to age-specific contacts with health and nutrition services can generate economies of scale in terms of both cost and time and enhance the number of services that are accessible to children and mothers. Packaging low-cost interventions, such as vaccines, antibiotics, insecticide-treated mosquito nets and vitamin A supplementation, and adding the promotion of improved feeding and hygiene practices, the packaged approach can markedly increase service coverage.

Community partnerships are vital to the success of integrated packages. One effective intervention can often provide the entry point for successful integration of several measures into a child health package.

In Nepal, for example, the national vitamin A campaign trained community volunteers to build their capacities, creating a respected and credible cadre. By the time the volunteers were trained to assess and treat children for acute respiratory infections, they had already earned the trust of parents and developed the confidence necessary to perform this more complex task.

A similar experience is seen in Madagascar, where families are introduced to the importance of adopting several different improved health practices simultaneously, with immunization serving as the entry point for other services. An extensive community mobilization programme draws sustained attention to the essential actions required of families to promote children’s health.

Special attention to equity is needed when delivering packaged interventions to reach the poorest and most marginalized mothers and children. Although the packaged approach will indeed increase access to a greater range of services for many mothers and children at each point of delivery, it may also result in a growing gap in coverage between those with access to services and those who remain excluded.

III. Ensuring continued financing

Realigning primary health care from disease-specific interventions to a continuum of care and expanding the coverage of packaged interventions will require a sound policy base. This has been increasingly recognized in a series of high-level forums held since 2003 to assess ways of accelerating progress towards the health-related MDGs.

Over time, these gatherings have identified critical upstream constraints at the policy level that need to be urgently tackled to support effective scale-up. One of their main conclusions is that weak health systems and a lack of funding for health-system development risk limiting the impact of expanded efforts to fight specific diseases, as well as leaving mothers and children particularly vulnerable to a country’s overall burden of disease.

Scaling up services and systems will require practical, effective strategies at the national level that take into account not only the potential for