
Letter to the Editor

Comments on Short Communication

MNCH research in Pakistan: Trend and transition

Madam, I read the article by Lalji N et al¹ with great interest on Maternal Neonate and Child Health (MNCH) research in Pakistan: Trend and transition. It clearly addresses the issue of lack of research in policy and strategic planning and I also agree that material which is available; is not always based on evidence and scientific rigor. The quality of evidence is ranked as (Level I, II-!,II-2,II-3,III) and Level A,B,C,D by US Preventive Services Task Force and UK National Health service respectively.

expect contribution to policy making and strategic planning is even more wishful thinking. Although authors have mentioned about the proportion of research on maternal health, child health and both together but I feel it would have been more helpful if authors would have mentioned about the percentage of publications from major reputed local journals (JPMA, JCPS, Pakistan Pediatric journal etc) so that the quality of published work could have been assessed and commented upon.

Why it is important and what is the issue?

Because The National MNCH Programme is a public policy and the goals of such a programme can only be achieved if it is evidence based. Evidence-based policy is public policy informed by rigorously established objective evidence and it is an extension of the idea of evidence-based medicine to all areas of public policy.² There is a need to develop evidence based guidelines locally which can be practiced at organizational or institutional level. The authors clearly addressed the issue " the programme is based on sound international practices, but there is a limited and scattered focus on indigenous research that lacks critical analysis of the current initiatives conducted. Therefore, an absence of evidence based intervention linked with local

However I would like to add few things for the interest of the readers that developing countries follow the healthcare system which is not purely based on evidence based medicine unlike developed countries. The failure of not practicing evidence based healthcare system could be because of lack of funding (for research and publication). It is sad that developing countries are not contributing enough, to basic Level III or Level D evidence (i.e. lowest rank of evidence) for clinical and diagnostic interventions so to

context and dynamics has been observed in the strategy".

Although it is mentioned on the Ministry of health website that there is 15,000 health facility staff trained practicing IMNCI guidelines however I still doubt that someone in Pakistan would have updated or modified these guidelines (published by WHO & Ministry of Health and Welfare Government of India)according to local needs and circumstances considering the abilities of staff working at district or tehsil level. Otherwise after spending Rs. 19,994.871 million the aim of the National MNCH Programme to reduce the maternal mortality ratio to 200 / 100,000 live births (from a range of 297-500) and neonatal mortality rate to less than 40 / 1000 live births (from 54) a year by 2011¹ seems far from reality.

I again congratulate and appreciate the authors for identifying such an important issue.

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References

1. Lalji N, Thaver AM, Kamal A. Maternal Neonate and Child Health (MNCH) research in Pakistan: Trend and transition. J Pak Med Assoc 2010; 60: 401-3.
2. Wikipedia. (Online) (Cited 2010 May 3). Available from URL: http://en.wikipedia.org/wiki/Evidence-based_policy.