Editorial

Delivering high-quality care in resource-limited settings to achieve thriving babies and flourishing communities

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In an era marked by unprecedented global health challenges, ranging from persistent global economic crises, pandemics and climate-induced health crises to widening socio-economic and digital inequalities, the imperative to deliver high-quality, equitable healthcare has never been more urgent. Health inequities remain one of the most pressing global challenges deeply rooted in socioeconomic, environmental and technological factors, and continue to disproportionately affect resource-limited settings, where fragile health systems, economic constraints and social vulnerabilities intersect to amplify these inequities (1).

Solutions to these challenges must originate within the communities and healthcare systems that face them, drawing on local knowledge and context. As such, global health discourse ever more demands context-sensitive strategies that are informed and grounded in real-world challenges. Yet, for these dialogues to be effective, they must occur within the very settings where such issues are lived and addressed daily. Health systems, including high-income countries, increasingly adapt innovations developed in low- and middle-income COUNTIRES (LMICs), a process described as 'global learning', enabling mutual learning that improves health equity across settings (2). Maternal and child health stands as a foundational priority across both health and non-health agendas and must remain central when addressing global health challenges, given its profound impact on population well-being, economic development, and intergenerational equity (3).

Innovative and highly effective approaches and best practices, from frugal healthcare technologies and community-driven service models to scalable digital tools, are widely available in both high and low- and middle-income contexts, and offer invaluable, practical insights for addressing global health challenges (4). Evidence-based interventions and best practices of high-income environments can be thoughtfully customized for replication in low- and middle-income contexts, enabling impactful adaptation while respecting local needs and capacities (5). In LMICS, including those in South Asia, delivering high-quality care amidst resource constraints is not an academic debate but a daily reality. These nations have historically demonstrated resilience and ingenuity, crafting community-driven

interventions to overcome systemic limitations. However, emerging complexities, ranging from persistent maternal and child health challenges, non-communicable diseases and mental health burdens to digital divides and socio-political instabilities, demand a renewed focus on health system strengthening that is both equity-centred and sustainability-driven.

In this evolving landscape, it is imperative to foster sustained dialogue among key stakeholders, including policymakers, public health practitioners, researchers, civil society and development partners to facilitate the cross-pollination of evidence-based interventions and best practices. Such platforms for knowledge exchange are critical not only for adapting successful models across diverse contexts but also for ensuring that implementation is guided by local realities, cultural sensitivities, and health system capacities. Collaborative learning environments can accelerate the translation of innovations into practice, bridge the gap between evidence and policy, and promote shared accountability in the pursuit of equitable and resilient health systems.

Sri Lanka offers an ideal setting for convening such a global dialogue. With its long-standing commitment to universal health coverage, robust primary healthcare infrastructure and notable achievements in maternal and child health, the country exemplifies how middle-income settings can deliver equitable and cost-effective care despite resource constraints. Moreover, Sri Lanka's diverse public health landscape, where traditional community-based models coexist with emerging digital health innovations provides a rich platform for experiential learning. Hosting such a dialogue in Sri Lanka would not only spotlight its successes and ongoing challenges but also foster mutual learning and solidarity across countries navigating similar transitions.

Hosting a Global Public Health Summit (GPHS) under the theme 'Delivering high-quality care in resource-limited settings – Ensuring that every baby thrives and every community flourishes' is both timely and strategic. Such a summit would bring together global and regional thought leaders, practitioners and policymakers to collectively address pressing health system challenges through the lens of equity, quality, and sustainability. Engaging with key stakeholders in the field fosters a deeper understanding of the finer sense of the subtleties that policy briefs and statistical models often overlook. It offers a platform to showcase scalable innovations, share lived experiences and build consensus on actionable strategies that prioritize the well-being of mothers, newborns, children and communities. Framing the dialogue around thriving babies and flourishing communities humanizes the agenda and reinforces the moral and developmental imperative of investing in health systems that leave no one behind.

The GPHS2025, convened in Sri Lanka, epitomized this convergence of global and regional dialogue. The summit underscored that advancing health equity is not a challenge for the Global South alone but a shared global responsibility requiring collective action, knowledge exchange, and mutual learning. Let this be a call to action—not only to protect past gains, but to reimagine a more equitable and resilient future for public health systems everywhere. A future in which every baby thrives, and every community flourishes.

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