

Primary Healthcare Research in India: The Wide Spectrum, the Pressing Need and the Academic Apathy

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Abstract—The primary care research has the unique potential to provide solutions to the health problems of wider populations, as well as detect and generate evidences on the changing spectrum of diseases, earlier than the other specializations- largely due to its longitudinal and first point of care approach. Despite the importance, the research from primary care has been very limited from countries like India. This paper discusses the pressing need for primary health care research by highlighting the wide spectrum and areas of primary care research and the academic apathy towards it. The three wide areas of research in primary care include: Primary care epidemiology, interventional researches, structural & operational researches. Whereas the primary care epidemiology should deal with application of clinical epidemiology in primary care, interventional researches are needed for evaluation of public health interventions. In the absence of interventional researches at primary care level, many health programs of India risk public health spending on interventions that lack the evidence for a population based intervention. Despite the enormous spectrum of primary care research, the academic apathy towards it has been appalling. The few public health researches directed at the primary care have also been conducted with an exterior lens, without the perspectives of the grassroot workers, akin to finding round pegs for square holes. Unless something is done, the continued neglect of primary care research will thwart the commitments India has enthusiastically given to achieving universal health coverage.

1. BACKGROUND

Primary healthcare is an evidence-based priority, as healthcare systems configured around primary care produce healthier populations at a lower cost. [1] It is a fact that research is needed to produce credible interventions and solutions for the health problems. The importance of research has also increased in the wake of the challenges posed by epidemiological, demographic & nutritional transitions, as well as the emerging threats of Dengue, Ebola and Zika viruses and others. Unfortunately, the researches have not been commensurate with the level of engagement needed at primary care. The primary care deals with the largest number of patients all over the world in any country working on the primary care based model. The primary care research has the

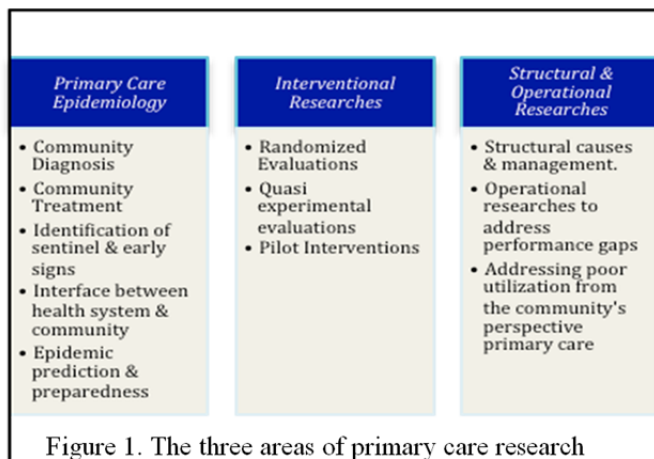
unique potential to provide solutions to the health problems of wider populations, as well as detect and generate evidences on the changing spectrum of diseases, earlier than the other specializations- largely due to its longitudinal and first point of care approach. Despite the importance, the research from primary care has been limited from all over the world. [2] Soon after the Alma Ata declarations in 1977, a sort of primary healthcare movement of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations took interest in primary care researches and deliberations to achieve health for all; [3] however, after the initial enthusiasm settled down, the primary care researches have remained few and far between. Today, in the era of renewed commitment of Universal Health Coverage, there is a pressing need to commit to primary care researches once again; in order to, achieve this enormous task. Therefore, in this paper, we discuss the pressing need for primary health care research by highlighting the wide spectrum and areas of primary care research and the academic apathy towards it.

2. THE WIDE SPECTRUM & THE PRESSING NEED

Primary healthcare is the first point where the individual or the patients interact with the health system, which provides and delivers a first point contact, longitudinal, comprehensive and person-centric care. [4] It is because of this unique nature of primary healthcare that it has a huge burden of illnesses, many of which are still in its incipient and early symptomatic stages. Primary healthcare also deals with the preventive healthcare for the whole population delivering both primary and secondary levels of prevention. An indepth look over the nature and potential reveals an enormous area for research in primary health. For the sake of brevity, we have deliberately discussed the spectrum in three subheadings: 1. Primary Care Epidemiology, 2. Interventional Researches, and, 3. Structural & Operational Researches. (Figure 1.)

2.1. Primary Care Epidemiology

Primary Care Epidemiology was emphasized by experts in the 1970s,[5,6] but hasn't yet caught up the momentum that it deserves. Primary care epidemiology is defined as "application of the approach of clinical epidemiology to primary care practice," with an added focus on community diagnosis and its use to modify the activities of the practice.[6] This is a vital research area to understand the distribution and determinants of the diseases at the village and community levels.



The discipline includes studies of the interface between: primary care and the community/general population; primary and secondary (or tertiary) care; and different members of the primary health care team.[7] Primary care epidemiologists also need to rise to the challenges of engaging the public in their work, so that they research with, rather than on the population.[8] The public engagement can encompass many qualitative researches that should deal with gender related issues, family planning, hygiene, domestic violence and other issues to gain an insight into the drivers of certain behaviour within the socio-cultural & religious contexts, which may help make tailored interventions to address the same. In simple terms, this area will deal with the epidemiology for community health and diseases, its determinants, surrounding areas of socio-cultural and behavioral issues including their reflections on health, disease and health seeking behaviors. Due to its first contact nature, extensive research in this sector can also lead to positive knowledge of sentinels sigs for rarer diseases leading to earlier detection of diseases like cancers and mental diseases.

2.2. Interventional Researches

One of the major areas of public health improvement in India are the health programmes. Despite the political will and commitment many of these programmes have not achieved their desired objectives. Oftentimes, the health programs modify their interventions or ways of working to find solutions to the common problems of malnutrition, anemia,

micro nutrient deficiencies and other public health problems with little improvements at the ground level. Most of these programs are delivered and/or operated through primary healthcare. Randomized controlled *evaluations of interventions* that can work at a community level are still in their infancy, and therefore vital questions remain unanswered. If a drug has to go through the various steps of randomized trials to prove its safety and effectiveness, doesn't the primary care, working on a population level need any research to support the effectiveness of such a population based intervention? Also, in the absence of prior research, is it ethical on the part of the government to continue spending the taxpayer's money on interventions that do not have enough credible evidence that demonstrate their community-based effectiveness? Further, the use of ineffective interventions in the hope that they will work, wastes a lot of time, resources and opportunity that should be used to find working solutions. In addition to that, it unnecessarily creates an atmosphere of doubt on the part of expected outcomes of public health and primary care based interventions. Thus, interventional researches are a critical area for primary healthcare and have been almost unexplored as yet.

2.3. Structural & Operational Researches

A lot of diseases are endemic in India and we have been trying to find either individual solutions or stopgap policies to counter these problems. The prevalence of underweight children is 46 %, anemia in 6-35 months children is 79.2 % and 57.9 % in pregnant women. [9] Such a high prevalence implies that these diseases or health problems are structural problems rather than medical problems and structural problems need structural solutions. Primary care is the best place to conduct researches on these structural causes of the health problems and the social determinants of health. The importance of these researches are immense as these may pose to be the only way to find and plan long term solutions to these highly prevalent diseases.

Operational researches are important to find out solutions in the performance and popularity gaps in primary health care delivery & utilization. The poor performance of primary care should be researched to find out solutions for the same. In a country with an enormous number of poor, marginalized minorities and illiterates; neither privatization nor health insurance can be the solution to poor health. We need to rise upto the challenge of providing good primary care through an in depth and focussed research on the performance and problems of primary care- there is no other option. At the same time, primary care needs to find answers to burning questions like- despite the proximity to a villagers house, despite the free medications and despite the fact that it is equipped with laboratories and pharmacy- it is so unpopular. The drivers of health care utilization and the knowledge practice gap should also be addressed through researches.

3. THE ACADEMIC APATHY

Despite an increase in health researches from India, it is still way below the desirable level, especially with regards to public health researches that India needs the most. [10] Among the existing public health researches, the number of researches from primary care is even lesser. This academic apathy to primary care research speaks volumes about the poor primary health care in India, given the underlying fact that sound and credible researches are drivers of better health care. We have tried to summarize the existing academic apathy under the two heads: 1. Existing Researches: fitting round pegs in square holes, and, 2. The researches should be based on principles of primary care.

2.1. Existing Researches: fitting round pegs in square holes

Primarily the community medicine specialists and external agencies in India conduct most of the public health researches at the primary care levels. The problem is that too often these researches are done with an external lens giving more focus to- 'what is should be', and 'how it should be' rather than 'what is wrong with this model', or 'what is the innovative local innovative solution to these problems'. The primary care researches that do not involve the perspectives of the grassroots ANMs or ASHAs and the primary care doctor may lose insight into the real issues faced by the providers at primary care level and cannot provide a customized policy change. Thus, integrating global evidence and fitting it directly to local problems without adjustments have failed. Primary care researches need a glocal solution, which means global solutions tailored to find local solutions after necessary socio-cultural, religious and cost-effective adjustments to the global model.

2.2. The need of a research model based on principles of primary care

There is a felt need for a research model based on the four principles of primary care. At present we do not adhere to such a model of research. The four principles for primary care research should be: 1. Community Participation- involving the community in primary care research, using peer techniques and agents of change at the village level. As cited previously, the primary care researches should be done with the community rather than on the community. 2. Equitable Distribution- A sense of equity and balance is needed with more focus on the socially marginalized groups, women, minorities, tribals and scheduled castes to make their health at par with the others and make a wholesome and healthy improvement of the nation's health. 3. Appropriate technology- In this era of digital and information technology revolution, more researches involving mHealth, eHealth, social media tools etc. should be involved in the researches. 4. Intersectoral coordination- A close coordination between the people, primary care providers, academics from community medicine, public health agencies and panchayati raj should be developed to find solutions to the current primary care problems and their solutions.

4. CONCLUSION

The primary health care research has a very large spectrum considering the different facets of research- that it can, and it should address. Despite the wide spectrum, there is a dearth of primary care researches in India, and is a reflection of poor primary health care in general, and the academic apathy to this area in particular. Among the few public health researches that have addressed the health of the population, most of them have maintained an external perspective and ignored the perspectives of the grassroots workers and doctors. Engagement of all the stakeholders and following a research model based on the principles of primary care is the need of the hour. In the era of evidence based medicine and evidence based public health, we should take a step ahead for an evidence based primary care with a focus on prospective early screening, addressing structural determinants of common health problems, identifying prospective early markers for diseases and predicting epidemics. The continued neglect of primary care research may thwart the commitments India has enthusiastically given to achieving Universal health coverage. This paper has a few limitations- we have not discussed the resources and expertise required for this task. We have also not discussed the general apathy to primary care and the need to develop academic and political commitment towards poor state of primary health care but leave it to future deliberations to highlight and generate evidence on how to achieve this and further build upon these ideas.

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