

Contribution of Healthcare-related Professional Associations to Public Health in India

Sonali Sarkar

History of healthcare-related professional associations in India dates to pre-independence era.¹ Presently, professional associations of doctors and allied health professionals are many in India, but their contribution to public health has never been explored in published literature. These professional bodies are mostly non-governmental organizations of experts from the related field who contribute to the development of the specialty by discussing science with an endeavor to improving medical practice in that field. With multiple specialties and sub-specialties, there is an increase in the number of such organizations both globally and in India. Such professional bodies or the associations of health professionals can contribute immensely to the improvement of public health in India if they are attuned to the imminent problems faced by the country's population. There are multiple challenges facing the public health system of the country wherein the achievements are few and the goals and targets as under the Millennium Development Goals or the present Sustainable Development Goals are many and hard to reach.^{2,3}

Public health is still in the nascent stage in India. The main reason could be the chasm between the medical and allied health professionals and between the medical specialties and public health specialists. Few super-specialists towards the later part of their career realize the importance and adopt public health. This artificial divide can be bridged through collaborative research that will guide the health policy decisions in the country.

RESEARCH

Research is the mainstay of medical practice in the modern era as every procedure or treatment is questioned and is accepted by professionals only with availability of evidence in their favor. Research has also contributed to the strengthening of public health practice in India. Some efforts have been taken by public health programs like the Revised National TB Control Programme and National AIDS Control Organization to rope in academia for operational research or analyze programme data for inputs to formulate strategies. These are however isolated examples. As much remains to be achieved, there must be a concerted effort from all fields of medical practice towards the urgent needs in research. With research becoming a benchmarking criterion for medical in-

stitutions and professional all over the country and mandatory for promotion avenues under the Medical Council of India,⁴ there has been a sudden growth by leaps and bounds in the number of publications in India. But this disconcerted growth has been directionless and thus could hardly contribute to improvement of public health in India. The focus on public health problems is not only the domain of professionals in Community Medicine or core Public Health specialties but should be the mandate of all medical specialties which should include allied health professionals who are by far the most marginalized communities within the medical community in India. When problems like malaria, tuberculosis (TB) or diarrhea and Acute Respiratory Infections in under-five children are addressed, it cannot be complete unless the basic scientists are involved in understanding the pathogen, immunology, pathogenesis, drug delivery mechanisms, development of drugs and vaccine candidates, clinicians involved in clinical trials and epidemiologists involved in community trials and operational research. The linking of professional bodies in giving a direction to the research done by the members of the associations of biochemists, microbiologists, immunologists, pathologists, pharmacologists, hematologists, epidemiologists, pediatricians, medical and other clinical specialists is possible. Sharing of knowledge and expertise can help identification of problems, available resources, research needs and institute collaborative research that will generate evidence for path breaking public health practice in India and show the way to other such countries.

ADVOCACY

When pediatricians under the Indian Academy of Pediatrics and public health specialists came together for polio eradication, the result is evident at the global scenario showcasing that joint endeavors can make difficult task possible. India like many other low and middle-income countries is facing triple burden of diseases and now is the time that organizations join hands like the Federation of Obstetric and Gynecological Societies of India (FOGSI) together with IPHA and IAPSM should discuss the solutions to the maternal health problems in India.

Such evidences as those providing solutions to the programmatic challenges in the major health programs of the country will be immediately taken up by

Sonali Sarkar

Additional Prof of PSM, JIPMER,
Pondicherry – 605006, INDIA.

Correspondence

Dr. Sonali Sarkar

Additional Prof of PSM, JIPMER,
Pondicherry – 605006, INDIA.
Mobile no: 9442174663
Email: sarkarsonaligh@gmail.com

DOI : 10.5530/ijmedph.2018.1.ed1

Article Available online

<http://www.ijmedph.org/v8/i1>

Copyright

© 2018 Phcog.Net. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

Cite this article : Sarkar S. Contribution of Healthcare-related Professional Associations to Public Health in India. Int J Med Public Health. 2018;8(1):iii-iv.

the health managers. There has been an effort by the premier medical research organization in the country, Indian Council of Medical Research to constitute consortium of experts from various fields to tackle challenge of TB.⁵ Though this will go a long way in the efforts against TB, and such collaboration is the need of the hour for many other health issues in the country. If professional associations come together, the scale of evidence generated can be bigger covering larger parts of the country and larger sections of the population thus contributing to stronger evidence. The associations representing thousands of medical professionals in a field could have greater weightage in advocacy. If for example, the nurse's association jointly discuss the problem of fewer nurses and low doctor: nurse ratio in India ⁶ with Indian Medical Association (IMA) and IPHA, the ways identified can have lasting impact on the health policy.

Public health associations to lead the way

Both IPHA and IAPSM are committed to advancement and promotion of public health in India.^{7,8} Both associations encourage research in public health and are publishing scientific journals for the dissemination of knowledge in the field. Annual conferences are organized with themes that address the health needs of the country. But there is a greater need. These associations can play larger roles in framing the public health policy of the country and giving a direction to the public health discourse in India through multiple ways. The call for other professional associations to join hands in conducting theme focused conferences, scientific meetings and collaborative research and implementation projects should come from these public health associations, as the mandate is theirs. Collaborative implementation and operational research has the potential to come forward with strategies that can change the structure of many

not so successful national health programmes like the National Mental Health Programme. At the micro level, collaboration between institutes can lead to more in-depth understanding of problems thereby providing productive solutions, which can propel operational, implementation and translational research. This vision may be incorporated into the vision and mission of these public health associations, which can lead the way in finding solutions to the maladies of the public health system in India.

CONFLICT OF INTEREST

None.

REFERENCES

1. Indian Medical Association [Internet]. Med.or.jp. 2012 [cited 14 March 2018]. Available from: https://www.med.or.jp/english/journal/pdf/2012_01/038_046.pdf.
2. The Millennium Development Goals Report, July 2015 [Internet]. United Nations Development Programme. 2015. [Cited 14 March 2018]. Available from: [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%2015\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%2015).pdf).
3. Sustainable Development Goals: A Handbook [Internet]. UNDP in India. 2018. [cited 15 March 2018]. Available from: <http://www.in.undp.org/content/india/en/home/library/poverty/sustainable-development-goals-a-handbook.html>.
4. Aggarwal R, Gogtay N, Kumar R, Sahni P. The revised guidelines of the Medical Council of India for academic promotions: Need for a rethink.
5. India TB Research Consortium [Internet]. Bmiicmr.org.in. 2018. [cited 14 March 2018]. Available from: <http://bmi.icmr.org.in/trc/index.php>.
6. Annual Report [Internet]. Planningcommission.nic.in. 2014. [cited 15 March 2018]. Available from: http://planningcommission.nic.in/reports/genrep/ann_e13_14.pdf.
7. IPHA – Indian Public Health Association [Internet]. Iphaonline.org. 2018. [cited 15 March 2018]. Available from: <https://www.iphaonline.org/>.
8. IAPSM – Indian Association of Preventive and Social Medicine [Internet]. Iapasm.org. 2018. [cited 15 March 2018]. Available from: <http://iapsm.org/>