

Primary care for chronic conditions in rural India

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PROPOSITIONS

belonging to the dissertation of Dorothy Lall

Primary care for chronic conditions in rural India: Towards a person-centred model

1. Most public and private primary care facilities in low- and middle-income country context, that provide care for persons with chronic non communicable diseases such as diabetes and hypertension, are designed to provide services using an acute model of care for service delivery. So, there is large gap between actual needs of care and the provision of care. *(this dissertation, chapter 2)*
2. A predominant biomedical orientation of health care delivery, limits a person-centred approach to the experience of illness in persons living with diabetes and hypertension. *(this dissertation, chapter 2)*
3. A strong hierarchical social organization within health care institutions is a serious limitation to team based care that is considered essential to caring for needs associated with chronic conditions. *(this dissertation, chapter 4)*
4. External quality improvement teams and implementation research have a crucial role to play in strengthening of primary care services for chronic conditions. It will, however, need to be participatory, with local teams, to realize its full potential and result in ownership of change by local teams. *(this dissertation, chapter 4)*
5. The introduction of complexity science to better understand implementation of interventions and translation of evidence in the 'real world' has shifted the paradigms of how we imagine change occurs. Embracing complexity science in implementation has the potential for great impacts in health.
6. The key to tackling the epidemic of non-communicable diseases lies in addressing the social determinants of health like tobacco control, provision of means for increased physical activity and access to healthy foods. We need to refocus on the underlying social causes of ill health rather than focusing only on changing individual behaviours.
7. Strengthening primary levels of health care to care for chronic conditions in a low- and middle-income country like India, is a low hanging fruit with high gains for improved health, not only due to the sheer magnitude of disease burden but also because it enhances equitable health.
8. The ongoing pandemic of COVID 19 reinforced the importance of community engagement and people centred health care in India for both acute and chronic disease care.
9. "I always get to where I'm going by walking away from where I have been." *(Winnie the Pooh)*