

Focusing on technological innovation can power primary healthcare into fashion

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It was in 2009-2010 when the first touch based smart phones were entering into the Indian market. Till then, Nokia and its Symbian operating system had been ruling the Indian markets. It was a time when Nokia's budget handsets, say 3315 and 1100, were the products of choice for the wide cross-section of the Indian middle class. The phones went with the Indian mindset, "*Sasta, Sundar, aur Tikau*" [economical, beautiful/worked well, and durable]. One such Nokia 3315 was the prized possession of one of my friend's mother.

Then arrived the age of touch screens and android based smart phones. While a larger part of the younger generation jumped to the new technologies, my friend's mother, a simple, austere, god loving lady, stuck to her phone, despite multiple lures from my friend to buy her the best trending handset. Her fears of cost and apprehension towards the new technology kept her from trying one.

It was only during my recent visit to her home, after a gap of more than 2 years, that I found

her using an android based handset. She, now nearing 70, could use the phone well and operate applications like whatsapp and video calling with full glee. There has been a significant behavioural change with her being more welcoming of the newer technologies.

Down the road into one of our health centres in Haryana, the neighbouring cluster of villages has not seen consistent medical care delivery for over a decade. With our team that conducts camps from village to village, coordinating with local ASHA workers and midwives, we constantly receive feedback directly from the end consumer, the farmers and the villagers. On one such occasion in our camp, an old farmer said to his son and daughter-in-law which broadly translates into “Take your wife to the IFFCO bazar centre. The doctor from TV will check her and tell her medicines”.

The old farmer was referring to the tele-assisted medicine technology that he must have come across and has benefitted. And this is where we see technological innovation triggering a behavioural change, powering primary healthcare into fashion. Yes, telemedicine has been around for many a year now, but it is the consistency of care that was missing. Primary healthcare centres have been underperforming, without hygiene, medical staff, and care. The ASHA, ANM, and Anganwadi workers largely kept the basic mother and child care going.

In the earlier context, the lack of facilities and qualified staff had contributed majorly in the mistrust on the institutional care. The healthcare needs of the larger population of India till date remains unattended, turning them to the village quack.

Meanwhile, the changing scenario of health in India has shifted the focus from communicable diseases to lifestyle diseases. The infrastructure and resources on the ground largely remains stagnant and stuck at the times of 70s and 80s.

However, in the 21st century, there are ample advancements in medical science and technology space. Wireless technology, IT platforms, electronic health record linkages, simple point-of-care diagnostic devices and similar innovations are making redefined primary healthcare services accessible to the people of tier 2 regions and below. Artificial intelligence, machine learning, predictive analysis and big data are opening new frontiers.

However, we are still far behind. In the past decade, a revolution like the one that hit the IT and digital technology which transformed the world that we see and experience today has not happened in the healthcare space.

The primary healthcare space needs a larger public spending and a larger share of GDP. Technological innovation needs much focus and a larger investment as well. It also needs a better and integrated collaboration between public and private players, profit and not for profit organizations, along with aggressive policy making to trigger a real transformation in the direction. With qualified and skilled resources being far from adequate, India needs technological innovation to power primary healthcare into fashion, shifting the trust of the underserved from the village quack to institutional care.



About Author: Ajoy Khandheria, the Founder of Gramin Health Care is an entrepreneur evangelist with a vision to reinvent the existing primary healthcare landscape of rural India. With over 25 years of business experience, he has been associated with some of the most successful organizations across the globe. Ajoy has an MBA degree from the University of California, Berkeley and an Electrical Engineering degree from M.S. University, Baroda, India.