Global primary care research challenges

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Healthcare needs are changing globally as people live longer, but not necessarily in better health. Increased population migration is leading to culturally diverse patient populations with more diverse health needs and expectations. The provision of accessible and equitable primary care poses workforce, infrastructure and management challenges for high- and lower-middle income countries that transcend national borders. In this special issue, we describe 'global primary care' as primary care training, research and service delivery that places a priority on the needs and overall health of individuals and their communities, to advance health equity worldwide. Given this nascent definition, what should 'global primary care research' look like? The following case demonstrates the breadth of physical, mental, and social issues a primary care practitioner must consider when faced with a patient from a marginalised group in an inner-city practice and why training and research must have a focus on equity.

Case scenario
A 22-year-old male attends with an in-person Arabic interpreter organised by your reception staff. He reports a fluctuating neck lump since he was 14 years old. He has no other symptoms or past medical history apart from surviving malaria four times in childhood. He has a family history of tuberculosis. He resides in a nearby hotel being used as an initial accommodation centre for a year and is seeking asylum from South Sudan. His journey involved transiting through Chad, Libya (where he was imprisoned and tortured) and Germany before arrival in the UK. After examination of the painless 2 cm 2 cm lump, you arrange phlebotomy and explain that full investigation including an urgent neck ultrasound will be organised along with further discussion with an infectious diseases doctor and a follow-up appointment with you, his GP. As you finish completing the 'Homeless Health' template on the computer, you recall the patient stating he may be sad and exclaim, 'Wait!'. The interpreter clarifies that: 'He is not depressed. He is anxious because his younger brother has been shot', and the patient shows a photograph of a bandaged, bedbound young boy. You are reminded of the persecution the patient fled.

Introduction
Several attempts have been made to define global primary care research priorities (Goodyear-Smith et al., 2019; O'Neill et al., 2018). Goodyear-Smith et al. (2019) attempted

to identify and prioritise the need for new research evidence for primary health care in low-and-middle-income countries (LMICs). This involved a three-round expert panel consultation of LMIC primary health care practitioners and academics taken from global networks. The key knowledge gaps identified were primary health care organisation and financing. O'Neill et al. (2018) aimed to identify a list of top-10 international primary care research priorities, as identified by members of the public, health professionals working in primary care, researchers and policymakers. They identified diverse topics such as enhancing use of information and communication technology and improving integration of indigenous communities' knowledge in the design of primary care services. We solicited views from current members and alumni of the RCGP Junior International Committee (JIC) network, to represent views of trainees and the early GP workforce on what constituted a global primary care challenge (Box 1). These were envisioned as three 'big problems' faced by primary care globally.

Improving the lives of people with multiple chronic conditions

Multiple chronic conditions (or multimorbidity) are defined as the coexistence of two or more chronic conditions, where each must be a non-communicable disease, a mental health disorder, or an infectious disease of long duration (The Lancet, 2018). The number of individuals with multiple chronic conditions is increasing globally (Chowdhury et al., 2023), health care costs are increasing, and a high burden is placed on individuals and their caregivers. High levels of multimorbidity are found in both high-income countries (HICs) and LMICs due to population ageing, rapid unplanned urbanisation and globalisation of risk factors (Navickas et al., 2016). Preventing and managing multiple chronic conditions effectively and efficiently has emerged as one of the most daunting challenges confronting primary care (Moffat and Mercer, 2015). The relationships between multimorbidity and the social, economic and political drivers of deprivation (Barnett et al., 2012) require an integrated systems-based approach with stakeholder involvement, both locally and at policymaker level. Given that much of specialist care is focused on the treatment of one disease, primary care has a key role in the prevention and management of patients with multiple chronic conditions, as this needs to be coordinated in the context of their lives, respecting their values and preferences (Bierman et al., 2021).

Improving the health of migrant people

National and international migration of individuals is not a new phenomenon. The current scale and scope of migration is, however, unprecedented, with more people than ever now living in a country other than the one in which they were born (International Organisation for Migration, 2020). The UK Home Office reports over 3 000 000 visas were granted in year ending March 2023, 90% higher than the year ending March 2022. People come to work, study, as licensed sponsors for work and study and for family-related reasons (UK Home Office, 2023). Migration encompasses a wide variety of movements and situations, affecting nearly all countries and individuals in one way or another (Kumar and Diaz, 2019).

Globally, migrants are a very heterogenous group. Although some health needs are universal across populations, individual migrants may have specific health needs and health care experiences from different phases of their migratory flow which differ markedly from the host population (Fig. 1). These can be shaped by prevalence of health conditions in their country of origin, psychosocial concerns related to traumatic events before, during or after migration, including violence, discrimination and social exclusion. Logistic, linguistic, knowledge, financial or cultural factors affecting access to primary or secondary health care

services may make migrants more, or more likely less, suitable candidates for medical care in their host country (Dixon-Woods et al., 2006). GPs meeting the health and well-being needs of migrants require knowledge and understanding of a variety of issues, including health, protective and risk factors, experiences, perceptions and attitudes (of both primary care providers and migrants), health care systems and clinical practice, including best practice and clinical tools (Kumar and Diaz, 2019).

Strengthening primary care systems

Strengthening primary care systems can be defined as 'any array of initiatives that improves one or more of the functions of the health systems and that leads to better health through improvements in access, coverage, quality or efficiency' (Witter et al., 2019). Strengthening primary care systems has been highlighted as a solution for the diverse challenges faced by health care systems globally (Groenewegen et al., 2013; Kruk et al., 2010). This needs to occur at both the policy (political commitment and leadership, governance and policy frameworks, financing and allocation of resources) and operational levels (community and stakeholder engagement, models of care, physical infrastructure, products and technologies, purchasing and payment systems, workforce, digital technologies) (Kluge et al., 2019). Investment in implementation research has been deemed critical to adapt health systems to meet population health needs, and this type of research should be used to contribute to priority-setting exercises with multi-stakeholder engagement (WHO and UNICEF 2022).

Box 1. Global primary care challenges.

- To improve the lives of people with multiple chronic conditions
- To improve the health of migrant people
- To strengthen primary care systems

Realising the potential of global primary care research

Greater capacity in primary care research is required globally to support and sustain efforts to address these primary care challenges. However, barriers exist to developing primary care research capacity, including implicit or explicit portrayal of primary care as unexciting and unchallenging within undergraduate education, a traditional and funding focus on monodisciplinary research topics alongside limited promotion of primary care research, a tendency for clinicians to be divided from researchers, perceived lack of time and burnout amongst practicing GPs and a lack of mentorship and training in research methodology within primary care (Karuna et al., 2022; Ponka et al., 2020; Reilly et al., 2021). Although GP trainees or GPs do not need to be on an 'academic track' to contribute to research in primary care, being part of a structured research programme for healthcare staff can provide a supportive infrastructure, time, funding and training opportunities to support and build individual and organisational capacity. Examples within the UK include the National Institute for Health and Care Research (NIHR) Academic Clinical Fellowships, and NIHR Clinical Lectureships, In-Practice Fellowships, the NIHR Clinical Research Networks, the School of Primary Care Research, and the Scottish Deep End Project (Butler et al., 2022). Each aims to promote primary care research and develop academic skills. There are also primary care networks that support global primary care research including the RCGP JIC, the World Organization of Family Doctors, the European Forum for Primary Care, and the European General Practice Research Network.

Global primary care research may involve collaboration between HIC and LMIC partnerships. At a more local level, global primary care research can empower or disempower vulnerable individuals and communities. These partnerships offer both issues and opportunities for global primary care research. Decisions around research priorities and agenda setting must be considered in the context of potential asymmetrical power relationships, personal and institutional values, empowerment, capacity building and funder requirements. The question should be asked, 'who will benefit from this research and how?' The ESSENCE on Health Research Initiative and the UK Collaborative for Development Research (UKCDR) have provided practical recommendations for equitable partnerships in their good practice document entitled 'Four Approaches to Supporting Equitable Research Partnerships' (ESSENCE and UKCDR 2022).

Figure 1. Phases of migratory flow where different factors can affect the health and wellbeing of migrants. Adapted from Wickramage et al. (2018).

- Phases: Premigration, Movement, Arrival and integration phase, Return,
- Cross-cutting factors: Gender, Age, Socioeconomic status, Genetic

Conclusion

Confronting global primary care challenges posed by multimorbidity and migration, as well as strengthening primary care systems requires person-centred and evidence-informed approaches. For global primary care research to serve its purpose of benefitting individuals and their communities, and advancing health equity worldwide, continued support must be given to provide robust primary care practitioner academic development during and after UK clinical training, with the opportunity to learn from primary care doctors worldwide.

KEY POINTS

- Global primary care encompasses primary care training, research and service delivery that places a priority on the needs and overall health of individuals and their communities, to advance health equity worldwide
- Multimorbidity and migration pose particular challenges to primary care in all countries
- Primary care systems need to be strengthened to meet the global health challenges facing primary care
- Primary care training must support, promote and develop more opportunities to learn about international primary care and international primary care research
- Partnerships between HICs and LMICs should consider the wide benefits from research undertaken and promote research opportunities
- To address the global primary care challenges greater capacity in primary care research is needed

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