Why don't we do enough medical research in Pakistan

Pages with reference to book, From 31 To 31

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Madam, Phuping, et al[1] identifieda lack of skills, resources and knowledge as core limitations to research productivity in Thailand. Their findings differ from what we, along with the Ministry of Health, Pakistan and the WHO found in 2009, as part of national consultation to develop a National Strategy for Health Research.

We found very limited health research productivity in Pakistan - a mere 1154 non-Medline and 964 Medline publications in 2008; that increased to 1485 by 2012; or around 8 per million population. Thus, Pakistan lags all nearly its regional neighbours. Only two institutions - Aga Khan and Karachi Universities - account for 51% of all publications.

In national consultations,a clear picture of lack of systems or incentives for research in academia emerges. The Higher Education Commission requires an Assistant Professor to have 3 publications to ascend to Associate Professorship and 5 more for Professorship. Most of these are in local institutional journals without Medline (the international standard of peer reviewed publications) accreditation. In fact, only 5 of 65 medical journals published in Pakistan are accredited by Medline. Academics are usually defined as teaching and virtually no private or public sector institutions offer higher salary, benefits, support or even protected time to conduct research. Additionally as most public sector academics derive their income primarily from private practice, any time spent on research is a loss of income. Similarly, there are few sources of funding for research, and those that are, are mostly from international donors. The few government sources of research funding are too meagre, slow and inconsistent to allow planning research careers.

Finally, the primary reason for the lack of institutional arrangements to promote academic research is that there is little demand for it. Public sector decisions are seldom based on evidence and no institutionalised mechanisms exist to gather, analyse or use evidence to guide policy or programming decisions. In a study of decision making in health, we found that most major decisions in health come from political leadership. Most senior officials remain in their position for a few months only which is too short a time to promote major new decisions. Thus, most programmes adapt activities from the previous year in their annual plans.[2] Since they seldom receive feedback from the common public which is the intended beneficiary of government programmes, the need for local information, evidence or research is not appreciated.

Table:

	2008	2009	2010	2011	2012	Total 2008-12	Average Annual Publications per Million population
Iran	4,249	4,852	5,944	7,387	8,956	31,388	121
Thailand	2,324	2,470	2,792	3,087	3,486	14,159	51
India	15,666	17,651	21,085	24,991	27,241	106,634	22
Pakistan	964	1,164	1,387	1,526	1,485	6,526	8
Bangladesh	279	336	416	443	517	1,991	3

Thus, in our opinion, the primary problem is not the lack of research but rather the lack of demand for evidence and therefore research to guide policy. This will only change as political systems evolve to demand more accountability from healthcare providers and public decision makers. Once the demand for evidence increases, so will the incentives and the systems to produce and use research in health.

References

1. Akavipat Phuping, Metta Puangpaga, Chailorratn Anchuen. Why don't we do enough medical research?" J Pak Med Assoc 2013; 63: 423.
2. Khan AA, Khan A. A Study of Decision Making (Report). USAID 2012.