Tabular Summary of Review of Literature on Healthcare, Healthcare Services, Primary Healthcare, and Primary Healthcare Centers:

Sr. No	Author(s), (Year)	Title	Findings
1	Acharya L.B. et al. (2000)	Maternal and Child health services in rural Nepal: does access or quality matter more?	A research study suggested that basic improvement to Health Facility quality, which are measured through the availability of trained staff, equipment, rather supplies, and facilities is a more important priority than increasing the number of Health Facilities to improve the access measured in terms of travel time based on a normal mode of transport.
2	Harriott E.M. et al (2005)	Childbearing in US military hospitals: dimensions of care affecting women's perceptions of quality and satisfaction	They found in their study that women's satisfaction with delivery care was associated with aspects of quality of care, including courtesy and availability of staff, confidence in providers, being treated with respect, receiving information, and physical comfort.
3	Senarath et al (2006)	Factors determining client satisfaction with hospital-based perinatal care in Sri Lanka, Tropical Medicine and International Health.	Findings showed that women's satisfaction was associated with their characteristics of parity, ethnic group, and income level, as well as hospital type, immediate mother newborn contact, and receipt of information after the examination.
4	Ram F. et al (2006)	Is antenatal care effective in improving maternal health in rural Uttar Pradesh? Evidence from a district level household survey	It was found that after controlling for other socioeconomic and demographic factors, utilization of antenatal care services may lead to the utilization of other maternal health-related services such as institutional delivery, delivery assisted by trained professionals, and seeking advice for post-delivery complications. The strong clustering of the utilization of services was found within the primary sampling units (i.e. villages) and districts.
5	Krishna D. Rao et al (2006)	Towards Patient-centered health services in India a scale to measure patient perceptions of quality	They have found that better staff and physician interpersonal skills, facility infrastructure, and availability of drugs have the largest effect in improving patient satisfaction at public health facilities.
6	Upali W. Jayasinghe et al. (2007)	Chronically ill Australians' Satisfaction with accessibility and Patient centeredness	Results showed that patient assessments of the quality of care and patient-centeredness were strongly associated with practice and patient characteristics. Patients from smaller practices reported better access to care compared with larger practices.

7	Manju Rani et al (2008)	Differentials in the quality of antenatal care in India	The research study identified differentials in the quality of pre-birth care that poor quality of antenatal care is likely to reduce its utilization. Policy and program interventions are needed to improve the quality of care of antenatal care, especially for the poor and other disadvantaged population groups.
8	Anwar et al (2009)	Quality of obstetric care in public-sector facilities and constraints to implementing emergency obstetric care services: evidence from high-and-low-performingdistrictsofBangladesh	They concluded in their research that human resource constraints are the major barrier to maternal health. The authors also recommended that there is a need for a human-resource plan that increases the number of posts in rural areas and ensures the availability of manpower.
9	Chowdhury Mahbub Elahi et al (2009)	Causes of Maternal Mortality Decline in Matlab, Bangladesh	They had concluded their study that access to and use of comprehensive Emergency Obstetric Care (EmOC) services possibly was the major contributor to the reduction in maternal mortality.
10	Mrisho M. et al (2009)	The use of antenatal and postnatal care: perspectives and experiences of women and health care providers in rural southern Tanzania	They found in their study that efforts to improve antenatal and postnatal care should focus on addressing geographical and economic access while striving to make services more culturally sensitive.
11	Lawn J.E. et al (2009)	Reducing intrapartum-related deaths and disability: can the health system deliver?	The researcher had suggested that even in high-performance settings, there is scope to improve intra partum care and especially reduce impairment and disability in health care delivery.
12	Sharma M.P. et al (2009)	An assessment of institutional deliveries under JSY at different levels of health care in Jaipur district, Rajasthan	They found in their study through an assessment of institutional deliveries under Janani SurakshaYojana ((JSY) that the quality aspects of institutional deliveries are far from the desired level mostly because of lack of resources, both manpower and materials; non-achievement of Indian Public Health Standards, etc.
13	Sharad D. Iyengar et al (2009)	Comparison of Domiciliary and Institutional Delivery care Practices in Rural Rajasthan, India	They showed that several factors had contributed to maternal mortality viz., Lack of skilled attendance and immediate post-delivery care were major factors contributing to deaths.
14	Kaveri Gill (2009)	A Primary Evaluation of Service Delivery under the National Rural Health Mission (NRHM): Findings from a study in Andhra Pradesh, Uttar Pradesh, Bihar, and Rajasthan	The researcher had concluded that the National Rural Health Mission is on the right track of addressing rural health care with the institutional changes it has brought within the health system.

15	Rahmqvisti Mikael et al (2010)	Patient characteristics and quality dimensions related to patient satisfaction	They found that younger patients in an emergency were the least satisfied group and older patients with excellent health status were the most satisfied group. Patients with perceived better health status and those with less education were more satisfied than those with more education or poorer health status.
16	Ray S.K. et al (2011)	An assessment of rural health care delivery system in some areas of West Bengal – An overview	They found in their study that a large no of patients did not avail of any services when they fall sick especially in the tribal district where distance, poor knowledge about the availability of the services, and non-availability of the medicine in addition to the cost of treatment and transport.
17	Meenakshi Gautham et al (2011)	First, we go to the small doctor": The first contact for curative health care sought by rural communities in Andhra Pradesh & Orissa, India	Researchers concluded that most rural persons seek the first level of curative healthcare close to home, and pay for a composite convenient service of consulting –cum-dispensing of medicines.
18	Lewando Hundt et al (2012)	The provision of accessible, acceptable health care in rural remote areas and the right to health: Bedouin in the North East region of Jordan	The researcher had identified issues of accessibility of healthcare in rural areas. Also, they found that the provision of accessible health care in rural areas poses a challenge to health care providers and suggested that developing a partnership that could potentially address the challenge of provision to this rural area.
19	Bangdiwala, et al (2012)	Public Health Education in India and China: History, Opportunities, and Challenges	They examined current challenges and analyzed opportunities for improvement. Health reforms in China and India need to consider new and modern models for public health education, perhaps in independent faculties of public health, to reinvigorate public health education, and strengthen the position of public health in addressing the health challenges of the 21st century.
20	Bhuputra Panda, et al (2012)	Public Health Nutrition Programmes in Odisha: A Conceptual Approach to Assessment of Intervention	They analyzed the existing public health nutrition interventions in the State using the conceptual framework of UNICEF and provided future directives for generating evidence towards setting programme and policy objectives.

21	Choudhury (2012)	Health Seeking Behavior and Health-Related Resources in Amolapaam Village of Sonitpur District, Assam: A Participatory Research Approach	He opined on Participatory Rural Appraisal and had tried to fulfill the twin objectives viz., to study the health-seeking behavior of the people living in Amolapaam village of Sonitpur district, Assam, and to study the availability of health-related resources in the villages which indicated that the Amolapaam village was out of reach of different health-related schemes.
22	Alma Pentescu, et al (2013)	The Positioning of the Private Health care Providers in Romania: An Important Strategic Approach	They argued for the importance of positioning to the private health care providers, to display the positioning of a leading private health care provider on the health care market in Sibiu (Romania)
23	Anitha and Navitha Thimmaih (2013)	Satisfaction From Primary Health Care Services: A Comparative Study of Two Taluks in Mysore District	They focused on the utilization of public health services along with satisfaction through a comparative study. Further, the study had identified some variables viz., Doctor's availability, Quality of Service, Cleanliness that were influencing satisfaction and suggested the need for taking the right decision to increase the satisfaction rates associated with PHCs.
24	Muniraju (2013)	Health Care Services in India: An Overview	The researcher had evaluated the state of health care in India, and its features as a universal health care system run by the constituent states and Territories of India. The Constitution charges every state with “Rising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”.
25	Ahmad, Siraj and Maqbool, Adeel (2013)	Use of TQM in Primary Health Care	They opined for the system improvement activities at the hospital which helps them to improved the quality of health care services.
26	Doke, et al (2014)	Based Monitoring Under National Rural Health Mission in Maharashtra: Status at Primary Health Centers	They suggested that PHCs need to develop their action plan to implement Community-Based Monitoring effectively.
27	Neamtiu and Cristian Pop (2014)	Public Health Assessment of Heavy Metals and Cyanides Exposure in Baia Mare Area	They studied the exposure to heavy metals that were associated with health outcomes such as Impaired Development, Cancers, Kidney Damage, and Cardiovascular Diseases.

28	Sowmya Paul and Amulya (2014)	Foreign Direct Investment in Indian Health Care Sector	They attempted to analyze the impact of FDI in Hospitals and also to enhance their patient safety culture and deliver safer care in their clinical practices.
29	Shim. et al (2015)	Medical Care Services in Community Mental Health Centers: a National Survey of Psychiatrists	Authors emphasized the integration of behavioral health and primary care services, many psychiatrists working in community behavioral health settings perceive continuing barriers to receipt of adequate physical health care for their patients.
30	Akintola, Olagoke (2015)	Public works programme and primary health care in South Africa: Creating jobs for health systems strengthening?	The researcher had examined employment and skills training for community caregivers within the expanded public works programme in South Africa. He also conceptualized, the skills and leadership programmes for community caregivers fail to take full advantage of the prevailing labor market realities.
31	Aktas. et al (2015)	A new evaluation model for service quality of health care systems based on AHP and information axiom	Authors in their study developed the service quality index to present a scientific basis for the classification of hospitals by using multiple criteria decision-making tools concerning different healthcare service parameters.
32	Burney et al (2016)	The demand for medical care services: evidence from Kuwait based on households' out-of-pocket expenses	The authors Highlighted the determinants of demand for medical care services by examining households' out-of-pocket expenses. The results of the tests led to the conclusion that log transformation of the expenses data was the most appropriate measure of the dependent variable, expenses that include doctor consultation, hospitalization, surgery, laboratory tests, and medicines was the best choice among the six measures
33	Brant et. al. (2016)	Health Care Transformation: From Service Lines to Programs	The authors concluded that intertwines focused specialized services with the primary care providers while delivering demonstrably superior value from the patient's perspective in California.

34	Kislov et. al. (2017)	How do managerial techniques evolve? The distortion of “facilitation” in healthcare service improvement	The authors presented a qualitative longitudinal case study of a UK-based knowledge mobilization programme utilizing “facilitation” as a service improvement approach. They have used the service improvement approaches for healthcare sustainability
35	Williams, Marsha D.; Jean, Marc C.; Bei Chen; Molinari, Noelle-Angelique M.; LeBlanc, Tanya T. (2017)	Primary care emergency preparedness network, New York City, 2015: comparison of member and nonmember sites.	They assessed whether Primary Care Emergency Preparedness Network member sites had reported indicators of preparedness for public health emergencies compared with nonmember sites. The network comprises a collaboration between the Government and New York City primary care associations that offers technical assistance to primary care sites to improve disaster preparedness and response.
36	Tekingündüz, Sabahattin; Top, Mehmet; Tengilimoğlu, (2017)	Total Quality Management & Business Excellence, 28 (6), 522-541.	This study revealed that cognitive trust, managers, communication, the structure of work, gender, and the department worked (laboratory or surgery room) were the significant predictors of affective commitment. Income, cognitive trust, education status, emotional trust, and the structure of work and additional opportunities have been found to have a meaningful effect on continuance commitment. Cognitive trust, promotion, managers, the structure of work, education status, emotional trust, and the structure of work, gender, and emotional trust had a meaningful effect on normative commitment.

37	Falahee, Marie; Simons, Gwenda; Raza, Karim; Stack, Rebecca J (2018)	Healthcare professionals' perceptions of risk in the context of genetic testing for the prediction of chronic disease: a qualitative meta synthesis.	They reviewed the qualitative research exploring healthcare professionals' perceptions of genetic risk in the context of predictive genetic testing for chronic disease. Healthcare professionals expressed a range of reservations about the utility of predictive testing in this context. They suggested that professionals' evaluation of the utility of predictive genetic testing is influenced not only by resource deficits but may also be interpreted as a response to challenging ethical and social issues associated with genetic risk, that is not well aligned with current medical practice.
38	Montanari, Giorgio E.; Pandolfi, Silvia (2018)	Evaluation of long-term health care services through a latent Markov model with covariates.	The study focused on the performance evaluation of health care services provided by different Health Districts (HDs) of the Umbria region (Italy) based on an extended version of the latent Markov (LM) model with covariates. For this purpose, the researchers had analyzed data coming from a longitudinal survey on the health status of elderly patient residents in several nursing homes of the region. The results showed that the proposed scores may represent a valuable tool in the context of performance evaluation of health care services. In particular, these scores may be useful for ranking the HDs as regards their efficacy in organizing and managing the care services, or to single out best practices in this respect for benchmarking purposes.

39	Mu, Yu; Bossink, Bart; Vinig, Tsvi (2018)	Employee involvement in ideation and healthcare service innovation quality.	They found that the positive effect of frontline employee involvement was stronger under the condition of higher service innovativeness. Considering the relationship of top management involvement and healthcare service innovation quality, the result had not shown such a moderating effect. The key and general managerial implication of the findings is that healthcare organizations are inspired to involve frontline employees in the idea generation processes and involve top managers in the idea application processes of service innovation projects, to improve innovation quality.
40	Foley, Sarah Marie (2018)	Service Design for Delivery of User-Centered Products and Services in Healthcare.	Authors observed that service is an important element in the evolving Pharma business model where patient focus or centricity is emphasized (along with the importance of the payer in the adoption of healthcare solutions). Researchers had focused on Service Design in the evolving healthcare ecosystem, recognized the importance of interactions throughout the system between patients, providers, physicians, extended care networks, etc. The healthcare ecosystem in recent years has evolved, and technology and innovation are becoming more important players in this system. This leads to Service Designers becoming integral members of the diverse teams developing medical solutions and services.

41	Cinaroglu, Songul; Baser, Onur. (2018)	Understanding the relationship between effectiveness and outcome indicators to improve quality in healthcare.	They had developed a Model using a path analytical tool to measure the relationship between effectiveness and health outcome indicators as they relate to the development level and geographic region of 81 provinces in Turkey. The numbers of hospitals and physicians were used as indicators of accessibility of healthcare services, while the average length of stay and number of surgical operations were used as indicators of utilization. Life expectancy and general satisfaction from healthcare services were considered as outcome measures. According to the final path model, the result showed a strong relationship between accessibility indicators and health outcomes. A strong relationship was also found between life expectancy and general satisfaction with healthcare services, which were considered as the objective and subjective outcome measures in healthcare, respectively.

42	Horodnic, Adrian V.; Apetrei, Andreea; Luca, Florin-Alexandru; Ciobanu, Claudia-Ioana.(2018)	Rating healthcare services: consumer satisfaction vs. health system performance.	They investigated the effect of socio-demographic, socio-economic, and spatial characteristics on the perception of quality of healthcare and evaluated the relationship between consumer satisfaction and health system performance. Moreover, a strong relationship was revealed between consumer satisfaction and health system performance. The higher the performance of a health system, the higher the propensity to have consumers with a positive perception of the healthcare services (satisfied consumers).
43	Tshabalala, Ann Mamosa Elsie Teboho; Taylor, Myra. (2018)	An innovation to improve health outcomes in Amajuba District, KwaZulu-Natal, South Africa	The authors focused on the collection of disaggregated data to understand the context, to facilitate the improvement of health outcomes. They aimed to assess the implementation of municipal ward-based health data collection (disaggregated data) and health care workers' perceptions of this data collection process. Disaggregation of the data at the ward level contributes to a better understanding of the target population's health, assists in planning for health needs, and enables the provision of targeted interventions to improve health outcomes, to prevent financial regression and waste of health resources.
44	Coombs, David (2018)	Primary Health Networks' impact on Aboriginal Community Controlled Health Services	They revealed that PHNs harmed Indigenous self-determination and health services. Public Health Nursing Services(PHNs) offer Aboriginal Community Controlled Health Services(ACCHSs) to enact self-determination. However, the Department has not institutionalized Aboriginal community control into the PHN funding system. This leaves the level of Indigenous Community engagement to the discretion of PHN boards. As a result, ACCHSs have not received significant investment from PHNs, nor have they been consulted in key Indigenous health decision-making processes. Moreover, PHNs do not appear to possess high levels of Indigenous primary health care knowledge or expertise and would do well to engage with and learn from ACCHSs.

45	Sharma, Ashutosh; Kumar, Rajiv; Vijayakumar (2019)	Service level agreement and energy cooperative cyber-physical system for quickest healthcare services.	They examined the typical application of the Cyber-Physical System (CPS) they highlighted the critical healthcare data transmission services. Sensors of CPS are providing patient's health information via the communication network to a medical practitioner at some distant place. They concluded that CPS with consideration of different constraints such as energy and Services Level Agreements(SLAs) have a severe effect on its performance parameters and average energy efficiency.
46	Wasserman, Joan; Palmer, Richard C.; Gomez, Marcia M (2019)	Advancing health services research to eliminate health care disparities.	identified that disparities in health care pose significant moral and ethical dilemmas and result in excess health care expenditures. Understanding why health care disparities occur and how they contribute to population-level health disparities is essential so that more effective equity promoting interventions in health care systems can be implemented and reductions in health disparities can be ultimately achieved. Payers, systems, and communities must work together with clinicians and patients to identify the causes of disparities in health care. Inadequate, inaccessible, and low-quality medical care is unacceptable. Findings from health services research highlighted continuing health care disparities in the United States, especially in the areas of access to health care and quality of care. Although attention to health care disparities has increased, considerable knowledge gaps still exist. A better understanding of how cultural, behavioral, and health system factors converge and contribute to unequal access and differential care is needed. Research-informed approaches for reducing health care disparities that are feasible and capable of sustained implementation are needed to inform policymakers.

47	Aiura, Hiroshi (2019)	Effect Of Cross-Border Health Care On Quality And Progressivity Of Financing.	had examined the effect of cross-border health care in terms of public health insurance. They have considered its effect on healthcare quality and the progressivity of financing. They have used a two-country Hoteling model in which consumers were divided into two groups: high and low innate-talent consumers. Intending to maximize social welfare, Governments imposed a progressive income tax on consumers to provide healthcare services. The result of the promotion of cross-border health care showed no influence on healthcare quality or the progressivity of financing in patient-importing countries, but it does reduce healthcare quality and influence the progressivity of financing in patient-exporting countries.
48	De Trinidad Young, Maria-Elena; Wallace, Steven P. (2019)	Toward Evidence-Based Policies and Programs That Promote Immigrant Well-Being	They studied the health impact of policies that has primarily focused on the extremes of either criminalization or integration. Most immigrants in the United States, however, live in states that possess a combination of both criminalizing and integrating policies, resulting in distinct contexts that may influence their well-being. They presented the data that describe the variations in criminalization and integration policies across states and provide a framework that identifies distinct but concurrent mechanisms of deportability and inclusion that can influence health. It is likely that varied, and even contradictory, state and local immigrant policies will continue to be enacted as existing policies continue to shape immigrants' well-being.
49	Moon, Jihwan; Shugan, Steven M. (2020)	Nonprofit versus for-profit health care competition: How service mix makes nonprofit hospitals more profitable.	They revealed that the marketing strategies helping private non-profit hospitals achieve higher output, prices, and profits than for-profit hospitals. The study also revealed that management of non-profits may require more expertise and more highly compensated staff, given the additional complexity of Physical Self-Maintenance Scale (PSMS) operations, marketing, advertising, and financing.

50	Kranz, Ashley M.; Mahmud, Ammarah; Agniel, Denis; Damberg, Chery Timbie, Justin W. (2020)	Provision of social services and health care quality in US community health centers, 2017.	They studied and described the types of social services provided at Community Health Centers (CHCs), characteristics of CHCs providing these services, and the association between on-site provision and health care quality. They concluded that Some CHCs provide social services on-site, and this was associated with better performance on measures of health care quality.
51	McLeod, Katherine E.; Butler, Amanda (2020)	Global prison health care governance and health equity: a critical lack of evidence.	They explained why understanding and implementing effective prison health governance models is a critical component of addressing health inequities at the global level. They suggested that the potential of good prison health services requires collaborative, integrative, the whole of Government approaches to prison health along with a foundation of robust indicators and ongoing research and monitoring.
52	Andersen (1978)	Health status indices and access to medical care.	They pointed out that equity in access to health care was best considered in the context of whether people in need of medical care received it or not. In other words, access to health care was thoroughly and methodically examined and evaluated based on the tethering teeth that ground the affected personalities, or the ones who were at some point in time victims of health care accessibilities.
53	Raz Samandari et al (2001)		They concluded in their study that for a specialized private health care institute, its funding, organization, delivery of care are effective measures to ensure the quality of care. They also concluded that privately funded quality health care could be a sustainable and equitable model for the developing world.
54	Huebner et al (2001)	PrePare: a program of enhanced prenatal services within health-maintenance organization settings.	Authors showed that expanded services during the prenatal period will lead to an increase in reported patient satisfaction, providers satisfaction, and organizational efficiency within the health care delivery system.

55	Dilip T.R. (2002)	The utilization of Reproductive and Child Health Care Services: Some Observations from Kerala.	They found in their research study that the majority of women were found to prefer treatment from the private medical service providers if their children were suffering from fever or cough. Class differentials were severe, with the public sector being the major provider of Reproductive and Child Health care services for the poorer sections of society. People with a higher potential to pay preferred the private sector irrespective of the nature of service they required.
56	Ashok Vikhe Patil, et al (2002)	Current health scenario in rural India.	They stated that about 75 percent of health infrastructure, manpower of medical services, and other health resources are concentrated in urban areas where 27 percent of the population lives. Contagious, infectious, and waterborne diseases such as diarrhea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia, and reproductive tract infections dominate the morbidity pattern, especially in rural areas. However, non-communicable diseases such as cancer, blindness, mental illness, hypertension, diabetes, HIV/AIDS, accidents, and injuries are also on the rise.
57	McDonald J. et al (2002)	Strengthening primary health care: building the capacity of rural communities to access health funding.	They described an innovative capacity-building approach to working with Victorian rural communities seeking to access health care funding through the Regional Health Services Program. This approach used several strategies viz. Engaging stakeholders in targeted rural communities; developing an information kit and running a workshop on preparing submissions to the Regional Health Services Program; facilitating community consultations, and providing ongoing support with submissions. This capacity-building approach is both effective and replicable to other health funding opportunities.

58	Ranganayakulu Bodavala (2002)	ICT applications in the public healthcare system in India: A review.	He explained in his article that India's public healthcare network is five decades old. It is plagued by many problems like absenteeism of doctors, lack of proper facilities, and most significantly lack of proper referral services to urban hospitals and specialist centers. Due to these reasons, the utilization and confidence in the public healthcare system are very low. The application of ICT tools will improve access and delivery of healthcare services to the vast majority of poor people living in rural areas in India.
59	Rychetnik, et al (2002)	Criteria for evaluating evidence on public health interventions.	They stated in their research work whether and to what extent evaluative research on public health interventions can be adequately appraised by applying well-established criteria for judging the quality of evidence in clinical practice. It is given that these criteria are useful in evaluating some aspects of evidence. Furthermore, proper interpretation of the evidence depends upon the availability of descriptive information on the intervention and its context, so that the transferability of the evidence can be determined. Study design alone is an inadequate marker of evidence quality in public health intervention evaluation.
60	Rani M. et al (2003)	Rural Indian women's care-seeking behavior and choice of provider for gynecological symptoms.	They used the data from the India National Family and Health Survey-2 conducted in the year 1998-1999 to investigate the level and correlation of care-seeking and choice of provider for gynecological symptoms among currently married women in rural India. Of the symptomatic women surveyed, Care-seeking behavior and type of providers consulted varied significantly across different Indian states. Significant differentials in care-seeking by age, caste, religion, education, household wealth, and women's autonomy suggested the existence of multiple cultural, economic, and demand-side barriers to care-seeking.

61	Narayana (2003)	Changing the health care system.	He opined in his research study to improve the financial viability and quality of health care in public hospitals of the Andhra Pradesh Government who initiated a series of reforms. However, because of lack of resources, there has been stagnation in the size and decline in the quality of public health care. The state's patronage of the private sector in health care has been justified on the ground that it would ease the pressure on Government hospitals. But in reality, private hospitals are replacing rather than complementing public hospitals by weaning away resources from Government hospitals.
62	Vijayakumar Yadavendu (2003)	Changing perspectives in public health: From population to an individual.	He focused on the overriding influence of methodological individualism in the historical construction of public health. While evidence of a holistic approach to health is observed in the writings of people like Hippocrates, the developments after the establishment of the Cartesian paradigm, contained strong elements of individualism.
63	Westin et al. (2004)	A large proportion of Swedish citizens refrain from seeking medical care—lack of confidence in the medical services a plausible explanation?.	Researchers found that the factors that put people at risk of having unmet needs include stubborn and mostly ignorant nature of youth weary, stubborn and hard to deal with nature of old aged, female having gender insecurity issues in some cases, lack of insurance coverage, high educational level, exhibits attitudes and indulge in unhealthy debates with health care delivery staffs, low income or unemployment, and poor health care standing/facilities implying inequitable access to health care based on the prevalent poor socio-economic status, as well as inequalities in health care delivery services.
64	Abhijit Banerjee, et al (2004)	Health care delivery in rural Rajasthan.	Authors investigated that the quality of public service is extremely low and that unqualified private providers account for the bulk of health care provision. The low quality of public facilities also had an adverse influence on people's health.

65	Cueto (2004)	The origins of primary health care and selective primary health care.	He noted that PHCs included all areas consciously or otherwise plays a functionary role in health as well as providing access to other health services which could include viz., the health environment as a statute of health propaganda, healthy lifestyle attitudes portrayed by these exceptional health care providers.
66	Deepa Sankar and Vinish Kathuria (2004)	Health system performance in rural India: efficiency estimates across states.	The study showed that not all states with better health indicators have efficient health systems. The study concluded that investment in the health sector alone would not result in better health indicators. Efficient management of the investment is required.
67	Monica Das Gupta and Manju Rani (2004)	The World Bank.	They attempted to assess the performance of public health systems in the United States and Latin America based on the framework of the Essential Public Health Functions identified as the basic functions that an effective public health system must fulfill. This study also focused on the federal level in India, using data obtained from senior health officials in the central Government. The data indicated that the reported strengths of the system lie in having the capacity to carry out most of the public health functions.
68	Shivakumar (2005)	Budgeting for health: Some considerations.	had examined the announcement of the National Rural Health Mission and the commitment in the budget to increase allocations for health were necessary steps in the right direction to correct India's shockingly poor health record. As national and state-level strategies, a vigorous and informed public discussion is needed to create a national consensus for dramatically increasing investments in health with concurrent improvements in accountability and management of the healthcare system.

69	Hanan AL-Ahmadi et al (2005)	Quality of primary health care in Saudi Arabia: a comprehensive review.	The authors found that the factors that are determinants of high-quality care are management & organizational factors, implementation of evidence-based practices, professional development, use of referrals to secondary care, and organizational culture. The other factors that are required to improve quality are the knowledge and skills of staff.
70	Sathyamala (2006)	Redefining Public Health?.	She stated that the setting up of the Public Foundation of India marks the coming together of interests that are inimical to public health. The Public Health Foundation of India and its institutes – albeit located in India and with the blessings of the Indian government – will in effect function as an extension of American interests. It is to be governed by technocrats/bureaucrats and nominated Non-Governmental Organisations and will be subjected to little or no accountability/scrutiny by the Indian polity.
71	Loss J. et al (2006)	The concept of social marketing--potential and limitations for health promotion and prevention in Germany.	They concluded in their research study that the increasing call for quality management and evaluation of health promotion interventions, the social marketing concept may contribute useful insight at an operational level and thus add to the discussion on effective approaches for programme planning.
72	Steven J. Szydlowski (2007)	Social marketing as a tool to improve behavioral health services for underserved populations in transition countries.	He narrated that the justification for utilization of the concepts and tools of social marketing to bring about proactive behavior in healthcare practices.
73	Ager A. et al (2007)	Patterns of health service utilization and perceptions of needs and services in rural Orissa.	They examined the patterns of service utilization across the rural population of four districts of Orissa, with special reference to perceptions of the availability and quality of state services at the primary care level. Despite the emphasis on strengthening local health care provision, concern remains regarding the rates of utilization of state-provided services.

74	Syed S.A. et al (2007)	Patient satisfaction with health services in Bangladesh.	They concluded that improving medical care requires attention to service features that are regularly rated by patients, doctors, and nurses. However, additional organizational issues also play a vital role and must also be addressed to improve the health care system.
75	Achudume and Olawale (2007)	Microbial pathogens of public health significance in waste dumps and common sites.	Authors studied the Microbial pathogens of public health significance found in waste and common sites were collected from four different dumping sites and assessed for pathogenic agents. The results had shown the presence of bacterial species including Pseudomonas, Micrococcus, Actinomyces, Neisseria, Bacillus, and Klebsiella. These groups of organisms are almost impossible to control since they are ubitiquous. Public health may be ensured from pathogenic agents at waste sites by prompt removal of waste and proper management (mechanical sorting and excavating)methods.
76	Baru and Nandi (2008)	Blurring of boundaries: public-private partnerships in health services in India.	They traced the evolution, structure, and characteristics of public-private partnerships in healthcare over the last six decades. They argued that these partnerships have broken down the traditional boundaries between the market and the state, leading to the emergence of multiple actors with multiple roles and newer institutional arrangements that have redefined their role, power, and authority. The fragmentation of role and authority has serious consequences for comprehensiveness, governance, and accountability of health services.
77	Devika and Rajasree (2008)	Health, Democracy and Sickle-cell Anaemia in Kerala.	They emphasized the need for sustainable care of patients, which can be made available only if panchayats take an active interest. But the sick get less support from the panchayats and mainstream political parties. This is also a reflection of the present crisis in the public healthcare system of Kerala, which is characterized by poor quality and falling utilization rates.

78	Mehrotra (2008)	The public health system in UP: What can be done?.	He had offered a menu of options for reform of Uttar Pradesh's (UP) public health system. Though some actions have been taken after the introduction of the National Rural Health Mission in late 2005, a large number of serious problems remain. Unless they are addressed, the monitorable targets of the Eleventh Five-Year Plan regarding health and nutrition in India will not be met, since UP has such a large weight in the unmet needs of public health in the country.
79	Mukherjee and Karmakar (2008)	Untreated morbidity and demand for healthcare in India: an analysis of national sample survey data.	had studied the problem of poor health outcomes in India from the demand side, and using the unit-level data from the 60th round of the National Sample Survey that had analyzed the determinants of not accessing medical care. They found that in rural areas, the demand for healthcare increases significantly with the education level of the head of the household, in the urban areas the evidence is mixed. Richer economic sections constitute a larger proportion of sick persons who do not access medical care, especially in urban areas. Paradoxically, among poor households, which cite financial reasons for not accessing healthcare, women are less likely to be discriminated against in rural than in urban areas.
80	Chungkham Holendro Singh (2009)	The public-private differential in health care and health-care costs in India: The case of inpatients	They revealed that more than 58 percent of the patients have utilized private healthcare facilities in India. It was evident that for the diseases considered in the study, the private sector plays an important role in providing health facilities. The cost of hospitalization in private health facilities is considerably higher compared to that of public facilities due to chronic conditions that consume higher costs of treatment. However, more people opted for unregulated private facilities.

81	Raban, et al (2009)	Essential health information is available for India in the public domain on the internet	Authors reviewed that the essential health information is available readily in the public domain on the internet for India to broadly assess its adequacy and suggest further development. The available information related to non-communicable diseases and injuries was found as poor. This is a significant gap as India is undergoing an epidemiological transition with these diseases/ conditions accounting for a major proportion of disease burden.
82	Sakthivel Selvaraj and Anup K Karan (2009)	Deepening health insecurity in India: evidence from national sample surveys since 1980s.	Authors argued that public provisions of healthcare in India has declined to low point. Outpatient and hospitalization care in India in the past 20 years has declined drastically, leading to the emergence of private care players in a predominant way. Due to these developments, millions of households are incurring catastrophic payments and are being pushed below poverty lines every year.
83	Sunil S Amrith (2009)	Health in India since Independence (BWPI Working Paper No. 79).	He highlighted a top-down, statist approach to public health was not the only option available to India in the 1940s, and that there was a powerful legacy of civic involvement and voluntary activity in the field of public health.

84	Christiana R.T. et al (2010)	Factors associated with underutilization of antenatal care services in Indonesia: results of Indonesia Demographic and Health Survey 2002/2003 and 2007.	They found that strategies to increase the accessibility and availability of health care services are important particularly for communities in rural areas. Financial support enables mothers from poor households to use health services that will be beneficial to them. Health promotion programs targeting mothers with low education are vital to increasing their awareness about the importance of antenatal services.
85	Amanda Harris et al (2010)	Challenges to maternal health care utilization among ethnic minority women in a resource-poor region of Sichuan Province, China.	Authors showed that utilization of maternal health care services is associated with a range of social, economic, cultural, and geographic factors as well as the policies of the state and the delivery of services. Utilization is not necessarily increased through ease in access to a health facility and also identified the potential for improving utilization through developing the role of village-based health care workers, expanding mobile antenatal care clinics, and changing the way township hospital services are offered.
86	Tourigny A. et al (2010)	Patients' perceptions of the quality of care after primary care reform: Family medicine groups in Quebec.	They concluded in their study that the reorganization of primary care services resulted in considerable changes in care practices, which led to improvements in patients, experiences of the continuity of care but not improvements in their experiences of the accessibility of care.

87	According to Das Gupta, et al (2010)	How might India's public health systems be strengthened? Lessons from Tamil Nadu.	The paper suggested the major areas where Government needs to work on. This progress needs to be phased in four areas: (1) enactment of public health acts to provide the basic legislative underpinning for public health action; (2) establishment of separate public health directorates with their budgets and staff; (3) revitalization of public health care; and (4) health department engagement in ensuring municipal public health.
88	Mahal and Indira Rajaraman (2010)	Decentralization, Preference Diversity, and Public Spending: Health and Education in India.	They studied the specific case of a federal country like India to know whether differences between states in shares of public spending on health and education show convergence over time and the impact of episodic horizontal partitioning of states on this process. Authors found that the preferences for health across state-level jurisdictions are becoming more uniform over time, but for education, there is evidence of convergence, albeit at a low rate.

89	Nand Kishor (2010)	Public health implications of oral health—inequity in India.	He attempted to provide an overview of oral health care services to the general population and how some sections of the population are systematically excluded from the oral health care services. He also suggested that the current national dental health policy needs urgent revision as well as customize strategies to the unique needs and resources that are most likely to work and have a positive impact on the oral health of the Indian population.

90	Purohit (2010)	Efficiency Variation at the Sub-State Level: The Healthcare System in Karnataka.	had attempted to analyze efficiency variation in health system performance in Karnataka using the stochastic frontier technique that provides an idealized yardstick to evaluate the performance of the health sector. It was found that in rural areas particularly, improvements in infrastructure facilities like safe drinking water supply, toilets, and electricity as well as better coordination between the social sector and economic policies, especially at the district level, may also help the state to improve life expectancy speedily and more equitably in the deficient districts.
91	Sharma, et al (2010)	The Role of the District Public Health Nurses: A Study from Gujarat.	The authors studied the role of District Public Health Nurses (DPHN) and District Public Health Nurse Officers (DPHNOs) as supervisors of the Public Health nursing and midwifery staff selected in a district of Gujarat. The authors concluded that the DPHNs are underutilized which affects the quality of maternal and child health services in the district of Gujarat.

92	Abhay Shukla, et al (2011)	Community monitoring of rural health services in Maharashtra.	They presented the first three rounds of data collected by village health committee members in Maharashtra's 225 pilot villages and discussed. The obstacles encountered by the process and its strengths and limitations. They concluded that rural healthcare services need better planning for implementation.
93	Barbara (2011)	Politics, primary healthcare, and health: was Virchow right?.	He studied the contribution of PHC as advancement towards sustainable health care delivery services beyond the traditional health care system which most of the time focuses on producing and implementing prolonged health care delivery policies.
94	Agarwal (2011)	The state of urban health in India; comparing the poorest quartile to the rest of the urban population in selected states and cities.	He identified large disparities within the urban population in health-related indicators, viz. the disparities for child and maternal health; provision for health care and housing conditions between the poorest quartile and the rest of the urban population for India, and several of its most populous states. It also highlighted the poor performance in some health-related indicators for the population that is not part of the poorest quartile in several states – for instance in under-five mortality rates, in the proportion of stunted children, and the proportion of households with no piped water supply to their home.

95	Monika Jain and Priyadarshi Patni (2011)	Public Health Management in India: An Overview of ICDS.	They opined that the Integrated Child Development Services (ICDS) programme is the reflection of the Government of India to effectively improve the nutrition and health status of underprivileged sections of the population through a direct intervention mechanism. ICDS is the world's most unique health and welfare programme, which holistically addresses the health, nutrition, and development needs of young children, adolescent girls, and women across the life cycle. The convergence of services has resulted in better prenatal and immunization coverage in the ICDS blocks. The authors examined the strengths and weaknesses of management in ICDS and suggested what is required to enhance its impact.
96	Thresia and Mohindra (2011)	Public health challenges in Kerala and Sri Lanka.	They highlighted that despite their relatively modest economies, some of the basic population health indicators of Kerala and Sri Lanka were similar to that of the developed nations. Authors argued that challenges are arising from declining investments in the public health sector (and increasing privatization) and inadequate attention to the social determinants of health. The author had listed out the suggestions for policy and a research agenda to further health equity.
97	As described by Zakir Hussain (2011)	The health of the National Rural Health Mission.	Authors explain in d their research work, the National Rural Health Mission was introduced as a flagship scheme of the United Progressive Alliance government in the year 2005-2006 to address the needs of the rural population through an architectural correction of the health system. The researcher had reviewed the progress of the mission concerning its core strategies viz; provisioning of health services to households through accredited social health activists; strengthening rural public health facilities; enhancing the capacity of panchayats to control and manage the provisioning of health services, and positioning of an effective health management information system.

98	Padma Bhate-Deosthali, et al (2012)	Addressing domestic violence within healthcare settings: The Dilaasa model.	They stated that the Women experiencing violence most often decide to seek legal action only after the violence has escalated and that too without having any documentary evidence. The public health system is an important site for the implementation of anti-domestic violence intervention programmes. The crisis centers, therefore, include both discourses of public health and gender. The authors had offered critical insights into the model and its impact in terms of its ability to reach out to women who are undergoing abuse and offer them multiple services in one setting.
99	Ravi Duggal (2012)	Challenges in Financing Healthcare.	It was highlighted that developing countries that transformed public health systems under the structural adjustment policies into insurance-based health models have failed in providing healthcare to the poor.
100	Sathyamala, et al (2012)	Public Report on Health: Some Key Findings and Policy Recommendations.	The authors reported a bottom-up view of the health conditions and services in six states in which three were performing and three were not-so-well performing ones. The authors had presented the results of a Public Report on Health that was initiated in the year 2005 to understand public health issues for people from diverse backgrounds living in different region-specific contexts. The findings, which have policy implications, have been used to analyze the ongoing official attempts to deal with the various challenges thrown up by the National Rural Health Mission.
101	Shankar Prinja, et al (2012)	Health care inequities in north India: role of the public sector in universalizing health care.	The authors undertook a research study to ascertain inequities in health status, service utilization, and Out-Of-Pocket (OOP) health expenditures in two States in north India namely, Haryana and Punjab, and the Union Territory of Chandigarh. Indicators were devised to document inequities in the dimensions of horizontal and vertical inequity, and redistribution of public subsidy.

102	Sinha (2012)	Health Evidence from the States.	He opined that the quality of implementation of the National Rural Health Mission in several states has transformed the public healthcare system considerably. Learning from these improvements which had focused on the grassroots, local recruitment is the best way to forge a credible public health system that has public accountability.
103	Sorenson, et al (2012)	Health literacy and public health: a systematic review and integration of definitions and models.	They reviewed the definitions and models on health literacy to develop an integrated definition and conceptual model to capture the most comprehensive evidence-based dimensions of health literacy. The review resulted in 17 definitions of health literacy and 12 conceptual models. Based upon this review, a model is proposed integrating medical and public health views of health literacy. The model can serve as a basis for developing health literacy enhancing interventions and provide a conceptual basis for the development and validation of measurement tools, capturing the different dimensions of health literacy within the healthcare and disease prevention and health promotion settings.
104	Susan Thomas (2012)	Affordable mobile technology towards preventive health care: Rural India.	The author discussed the implication of mobile phone messaging to improve the process of health care delivery and health service. Through increase preventive care use, today's patients and community health workers can make better choices to successfully modify their behavior and become healthy and productive citizens.
105	Beena Joice (2013)	A Study on Workforce Challenge in Healthcare Industry: An Imperative Factor.	The researcher attempted to find out the challenging tasks of attracting, recruiting, training and retaining manpower in the healthcare sector and the possible ways to move ahead for better accomplishment.

106	Imrana Qadeer (2013)	Universal health care in India: Panacea for whom?.	He examined the current notion of Universal Health Care (UHC) in key legal and policy documents and argues that the recommendations for UHC in these entail further abdication of the State's responsibility in health care with the emphasis shifting from public provisioning of services to merely ensuring universal access to services. He concluded that the current UHC strategy uses equity as a tool for promoting the private sector in medical care rather than health for all.
107	Mir Parvez (2013)	Satisfaction of Healthcare Professionals towards Performance Appraisal System (PAS).	The author revealed that the reliability of the Patient Administration System(PAS) increases if it is properly linked with other HRD instruments and helps in strategic decision-making. It was found that the existing PAS needs to be re-engineered with other HRD instruments to bring satisfaction among employees.
108	Nayar (2013)	Universalizing health services in India: The techno-managerial fix.	The author concluded that any efforts to universalize health and health care can not only focus on technical components but need to address the larger social determinants and especially the societal crisis, which engenders ill-health.
109	Poonam Mahajan (2013)	Regulations and their Scope in Public Health.	The author explained some important regulations in the field of public health in India and a brief discussion about the feasibility of these regulations.

110	Ritu Priya and Anjali Chikersal (2013)	Developing a public health cadre in 21 st century India: addressing gaps in technical, administrative and social dimensions of public health services.	They conducted a research study and presented a possible framework for designing public health care in the present context, with lessons from health services development of the last six decades. They found that the cadre must not only have a techno-managerial structure but also create a specific sub-cadre for the social determinants of health.
111	Shankar Prinja, et al (2013)	Equity in-hospital services utilization in India.	They found that the wealthy often use publicly financed health services at a higher rate than the poor. Not surprisingly, hospital services in the private sector were found to be significantly pro-rich. However, this varied across states. High OOP (Out-of-Pocket) expenditure correlated with higher degrees of inequity, and was a likely barrier to accessing care for the poor. Further work is required to explore the significant variation observed between states and to understand the history of its development.

112	Sharma (2013)	Sustainability and Quality in Health Care System: Organizational Structure-Process Approach.	He opined that sustainability in Health services is driven by the common observation that over some time satisfactory outcomes are not achieved and adverse effects are observed. The present study advocated that at the level of planning and implementation the organizational structure and process factors must be considered as important system variables for healthcare services.
113	In the European literature, Pappa et al. (2013)	Investigating unmet health needs in primary health care services in a representative sample of the Greek population.	They demonstrated that unmet needs as a determinant of access to health care were limited, while previous studies had shown that unmet needs worsen health status and quality of life increases the risk of mortality or were related to symptoms of mental and psychosomatic nature.
114	Adeel Maqbool and Siraj Ahmad (2014)	Total quality management through five" S" in health care organizations.	The authors attempted to introduce the system improvement activities at the hospital which won several awards for the quality of service at the national level. Though there were multiple reasons for the significant improvement of performance at the hospital, the study team observed that Five-S (Sort, Set, Shine, Standardize and Sustain) has contributed heavily towards the success.

115	Penchalaiah and Sobha (2014)	Socio-Economic Inequality and its Effect on Healthcare Delivery in India: Inequality and Healthcare.	They opined that healthcare resources in India though not adequate, are ample. There has been a definite growth in the overall healthcare resources and health-related manpower in the last decade. In a large, overpopulated country like India with its complex social architecture and economic extremes, the effect on the health system is multifold. It was found that the Unequal distribution of resources is a reflection of this inequality and adversely affects the health of the under-privileged population. The socially underprivileged are unable to access healthcare due to geographical, social, economic, or gender-related distances.
116	Santoshkumar (2014)	Spatial Pattern of Primary Healthcare Services in Sonipat District 2012.	He conducted a research study at Sonipat district (Haryana) and found Spatial Pattern of Primary Healthcare Services in Sonipat District in the year 2012. Sonipat and Gohana have high primary healthcare services, Kharkhoda has moderate services and Ganaur has low primary healthcare services.

117	Sowmya Paul and Amulya (2014)	Foreign Direct Investment in Indian Health Care Sectors.	They studied the role of Foreign Direct Investment (FDI) in developing countries like India becomes considerably a key driver of economic growth. FDI contributes to the development of the country in the form of the development of Multinational companies (MNCs) in India, which provide education and training for their employees and brings new skills, information, and technology to the host country. They found that the Foreign Institutional Investors (FII) are being a major support for the development of corporate hospitals in the country.
118	Zahrani (2014)	The impact of pharmaceutical promotions on primary health care physician's prescribing behavior in KAMC in the central region	The findings of the study showed that people are obsessed with private medical practitioners because of huge treatment costs and ineffective treatment and are now increasingly utilizing the services of primary health centers.
119	Dar, Khursheed. (2015)	Utilization of the services of the Primary Health Centres in India–an empirical study.	He examined that people are obsessed with private medical practitioners because of huge treatment costs and ineffective treatment and are now increasingly utilizing the service of Primary Health Centers. They found that On average, each PHC receives 22.5% of its required medicine supply. This shortage of required medicine has immense forward linkages in the determination of the healthcare delivery of these health centers. Out of this meager supply of medicines, it is not expected that PHCs can serve the interests of patients better. This shortage of required medicine supply draws a thick line between the people and their usage of services of these health centers.

120	White (2015)	Primary health care and public health: foundations of universal health systems.	The author believed that the PHCs and public health measures when they both flock together in raven pairs (collaborate), might be considered as the underpinning forte (solid foundation) for universal health systems.
121	Kushner, Rivka; Kramer, Desre M.; Holness, D. Linn (2018)	Feasibility of clinicians asking patients about their exposure to occupational hazards: An intervention at five primary care health centers.	They studied the feasibility of collecting occupational exposure information within a primary care clinical setting. The study highlighted the importance of clinicians and administrator buy-in, the perceived relevance of occupational exposures to primary care clinicians and the patient population, and the need for clinicians to feel confident about the health impact and relevance of occupational exposures to presenting clinical problems. They concluded that Clinicians ask work exposure-related questions when patients have a health concern that the clinicians suspect may be related to work exposure. No clear clinical purpose for routinely asking exposure questions emerged.
122	Michael A. Dowell (2019)	Federally qualified health center and rural health center telemedicine compliance and legal issues.	The author opined that Federally qualified health centers (FQHCs) and rural health centers (RHCs) are vital sources of care for vulnerable populations, as they provide high-quality, affordable primary and preventive health care to the uninsured and medically underserved individuals. FQHCs and RHCs are required to provide comprehensive primary care services to all patients in need, regardless of insurance status, and to charge uninsured patients on an income-based, sliding scale basis. He also explained the importance of Telemedicine in rural areas and Telemedicine programs can and have been implemented in a variety of ways, such as facilitating remote second opinions, on-demand, and scheduled appointments, and triage in emergency departments, as well as promoting provider-to-provider communications.

123	Galvez, Maida; Collins, Geoffrey; Amler, Robert W.; Dozor, Allen; Kaplan-Liss, Evonne; Forman, Joel; Laraque-Arena, Danielle; Lawrence, Ruth; Miller, Richard; Miller, Karen; Sheffield, Perry; Zajac, Lauren; Landrigan, Philip J (2019)	Building New York State Centers of Excellence in Children's Environmental Health: A Replicable Model in a Time of Uncertainty	They conducted a research study on the campaign to secure state support for a network of Centres of Excellence in Children's Environmental Health (CEH) promoting the health of children across New York State. It was driven by rising rates of asthma, birth defects, developmental disorders, and other non-communicable diseases in children and growing evidence associating hazardous environmental exposures with these conditions. The beneficiaries of this long campaign are the children of New York, now and in the future.
124	World Health Organization (2010)	Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations.	The team examined the increasing access to health workers in remote and rural health areas found that there was more of a problem of geographical maldistribution rather than a lack of physicians. The movements of health workers in general, such as turnover rates, absenteeism, unemployment, or dual employment correlate with the factors influencing the choices and decisions of health workers to practice in remote and rural areas.