

Community Engagement in Health Governance

Mains: GS II - Issues Relating to Development and Management of Social Sector/Services relating to Health, Education, Human Resource

Why in News?

Recently, some states in India began to bring health care directly to doorsteps, to improve community engagement in healthcare.

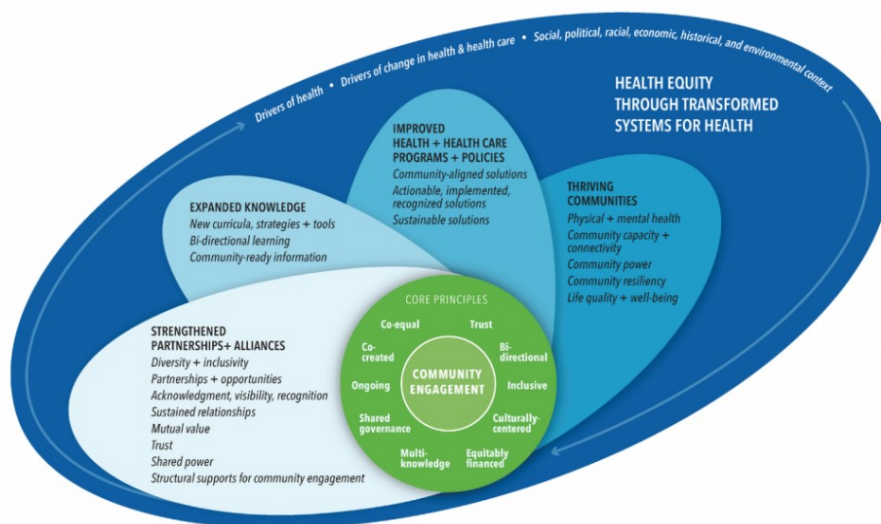
What is community engagement in healthcare?

- **Community engagement** - It refers to the process of actively involving people in decisions and activities that affect their lives and well-being.
- **Community engagement in healthcare** - It involves building relationships, fostering communication, and collaborating with various stakeholders to achieve positive change in the health governance of the country.

Recent Examples From the States

- **Makkalai Thedi Maruthuvam**
 - **Launched by** - Government of Tamilnadu
 - **Launched in** - August 2021.
 - **Aim** - To deliver essential healthcare at the doorstep of the people
- **Gruha Arogya scheme**
 - **Launched by** - Government of Karnataka
 - **Launched in** - October 2024
 - **Expanded** - to all districts in June 2025
 - **Aim** - to deliver health care at doorsteps for persons with non-communicable diseases.

- **Stakeholder inclusion** - It promotes inclusion of diverse actors such as civil society, professional bodies, hospital associations and trade unions.
- **Influences participation** - It operates through formal and informal social processes, with power dynamics shaping participation and influence.
- **Improves decision making** - It affirms self-respect, counters epistemic injustice and upholds democratic values by enabling people to shape decisions affecting their health and health-care services.
- **Strengthens governance** - Inclusive participation strengthens accountability, challenges elite dominance and reduces corruption.



- Without it, health governance risks becoming oppressive and unjust.
- **Increases trust** - It also builds mutual understanding and trust *between communities and providers*.
- **Improves collaboration** -It fosters collaboration with frontline workers, *improves service uptake, and supports better health outcomes*.
- The *national rural health mission* has a public engagement as the important component of the scheme

The National Rural Health Mission (NRHM)

- **Launched in** - 2005
- Institutionalised public engagement in India's health governance through various platforms.
- **Rural area platforms**
 - Village Health Sanitation and Nutrition Committees (VHSNCs)
 - Rogi Kalyan Samitis.
- **Urban area platforms**
 - Mahila Arogya Samitis,
 - Ward Committees
 - Non-governmental organisation-led committees.
- **Aim** - To be inclusive, particularly of women and marginalised groups, and supported by untied funds for local initiatives.
- **Challenges** - In some areas these committees have not been established, while in others where they do exist,
- **Other issues** - These include
 - Ambiguous roles
 - Infrequent meetings
 - Underutilisation of funds
 - Poor inter-sectoral coordination
 - Deeply rooted social hierarchies.

What are the challenges in community engagement?

- **Defective mind-set** - Policymakers, health administrators and providers *often view communities as passive recipients of care* rather than as active participants in shaping health systems.
- **Less focus on implementation** - Programme performance is *typically measured through target-based metrics*, such as the number of beneficiaries reached.

- It has little reflection on how programmes are implemented or experienced on the ground.
- **Problem with the term** - The use of the term beneficiaries itself signals a deeper issue, *it frames citizens as objects of intervention, not as rights-holders or co-creators of health systems.*
- **Lack of commitment** - Although the National Health Mission promotes bottom-up planning, *including community participation in Programme Implementation Plans, such engagement is rare in practice.*
- **Dominance of western model** - Health governance spaces remain dominated by medical professionals, predominantly trained in western biomedical models.
- **Lack of effective leadership** - Health administrative leadership, is typically held by doctors who are expected to learn public health administration on the job.
- **Issues with promotion policy** - Promotions are often *based on seniority rather than public health expertise.*
- This reinforces a medicalised and hierarchical system that remains disconnected from community realities.
- **Other issues** - Scholarly work on health policy suggests concerns over
 - Increased workload
 - Greater accountability pressures
 - Regulatory capture by dominant medical and capitalist interests
 - Absence of a level playing field in governance processes

What could be done?

- **Change of mind-set** -Community engagement must no longer be seen as merely to achieve programme targets.
- **Treating people as ends in themselves** - Treating people as instrumental to health outcomes is not only reductive but also deeply disrespectful to their agency and dignity.
- **Improve participatory processes** - To enable meaningful community engagement in health governance, we must adopt following approaches
- **Empowering people** - Communities should be actively empowered.
- **Spreading of information** - Disseminating information about health rights and governance platforms.
- **Timely awareness** - Fostering civic awareness early will make people to engage in the process at the initial stages.
- **Reducing inequalities** - Making intentional efforts to reach marginalised groups and vulnerable sections.
- **Utilization of resources** - Equipping citizens with knowledge, tools, and resources needed to participate effectively in health care decision-making processes.
- **Sensitising health system actors** - Players of health system should move beyond blaming poor awareness as the sole reason for low health-seeking behaviour and health-care utilisation among people.

Reference

[The Hindu| Community Engagement in Healthcare](#)



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