Daily Mains Practice Question 25 -06-2026

GENERAL STUDIES – PAPER II
Discuss the institutional reforms required to counter policy capture in India's social sector, ensuring that democratic healthcare governance actively centers on community needs. *(15 Marks, 250 Words)* **For Reference Click Here***:* IAS Parliament | The Hindu

Answer

Introduction:

India's healthcare system faces policy capture, where priorities are shaped by policymakers and providers rather than communities. This undermines equitable access, fragments of institutions, and shifts focus from population health to individual well-being. Restoring democratic healthcare governance requires reforms that strengthen community participation, accountability, and evidence-based planning.

Main Body

What are the key challenges in implementing institutional reforms?

• **Policy Capture & Weak Decentralisation** – Decision-making is often dominated by elites and providers, with limited real devolution of power to local bodies.

• **Low Community Participation** – Platforms like Village Health, Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis exist but have weak authority and minimal grassroots engagement.

• **Fragmented Governance & Poor Coordination** – Overlap between schemes like National Health Mission and Ayushman Bharat creates inefficiencies and diluted accountability.

• **Weak Accountability Systems** – Inadequate social audits, grievance redressal, and health outcome monitoring reduce transparency.

• **Capacity & Data Constraints** – Limited local staffing, managerial capacity, and weak health data integration hinder evidence-based, community-centered planning.

What are the institutional reforms required to counter policy capture and ensure community-centric healthcare governance?

• **Strengthen Community Participation** – Empower VHSNCs and local bodies; institutionalize social audits and regular community consultations.

• **Functional Clarity in Health System** – Clearly define roles of Sub-Centres (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs); remove ambiguity caused by uniform HWCs branding.

• **Evidence-based Policymaking** – Base health policies on measurable health indicators and strengthen surveillance and outcome evaluation systems.

• **Prioritize Essential Curative Care** – Expand affordable primary, emergency, maternal, and chronic care before expanding wellness initiatives.

• **Strengthen Public Health Infrastructure** – Increase public health expenditure, improve hospital beds, healthcare workforce, diagnostics, and rural health facilities.

• **Enhance Institutional Accountability** – Establish independent monitoring bodies with transparent performance audits, strengthen grievance redressal and citizen feedback mechanisms.

• **Digital Health Integration** – Use Ayushman Bharat Health Account (ABHA) to complement (not substitute) quality healthcare infrastructure and service provisioning.

• **Promote Inter-sectoral Coordination** – Improve convergence between health, nutrition, sanitation, water, and education departments to address social determinants of health.

Conclusion:

Countering policy capture requires reforms that re-center governance on community needs. By decentralizing authority, embedding evidence-based planning, coordinating institutions, and expanding citizen participation, India can build a democratic, equitable, and people-driven universal healthcare system.

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