Community Engagement in Public Health in India

Introduction

Primary health care is essential to achieve universal health care. Primary health care has four pillars: appropriate technology, intersectoral coordination, community participation, and equitable distribution. Among these, community participation is one of the most essential pillars to achieve the goal of universal health coverage. It can be active where community members actively and willingly participate in all activities for their own benefit. If active, it can become community engagement, essential to promoting equitable and sustainable public health outcomes. It can also be passive when the community members receive and accept whatever benefits are given to them by the health providers. It is essential for successfully implementing public health programs and is critical to achieving universal health coverage and resilient health systems. Considering this, it was felt necessary to synthesize academic literature and policy evaluations to assess the scope, achievements, and challenges of community engagement in public health in India.

A community is generally a group of people who share something in common – such as geographic location, interests, values, culture, or goals – and interact, often forming a sense of identity and mutual support.[1] In addition, a community can be based on shared health concerns, behaviors, or risk factors. The emphasis is on engaging community members in identifying health problems, planning interventions, and evaluating outcomes. This participatory approach enhances public health initiatives' relevance, acceptance, and effectiveness.[2]

The three important concepts of the epidemiological triad, i.e., Who, Where, and When, can be applied to the community in public health. The Who part covers the persons concerned or stakeholders. These can be residents within the community of different socioeconomic statuses, age groups, sexes, education, occupations, religions, castes, migrants, etc. The stakeholders include healthcare providers, policy makers, program implementers, private healthcare providers, and commercial partners like pharmaceuticals. The Where part covers the place (geographical location) from which the community is concerned, like an urban or rural area. We should not forget the three important areas: hard-to-reach, tribal, and urban slum areas. The When part covers the trend over the last few years and decades.

Community Engagement in Public Health

Community engagement is an essential component for effectively managing public health strategies. It is the process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting their well-being, and it plays a vital role in designing, implementing, and evaluating health programs.[1] Community engagement enhances the relevance and cultural appropriateness of public health initiatives. It also empowers individuals and groups to participate actively in decision-making processes.

Community-based participatory research (CBPR) fosters colearning and mutual benefit, positioning communities as equal partners rather than passive recipients of interventions.[2] CBPR effectively addresses health disparities among marginalized populations.[3] Evidence suggests that community engagement improves the effectiveness and sustainability of health interventions. A systematic review found that community-engaged approaches are associated with improved health outcomes and reduced health inequalities.[4] There are programs where lay health workers and residents are trained to provide health education and support, successfully promoting preventive health behaviors in underserved populations.[5] In their 2020 guidance, the WHO outlines the best practices for governments and health organizations to institutionalize community engagement through policies, training, and monitoring mechanisms.[6]

Community Engagement in Public Health in India

Community engagement is quite important to improve public health in India. The widespread disparities in healthcare access and social determinants of health necessitate locally tailored solutions. It is becoming a cornerstone of India's public health strategy, so that the health system can improve healthcare delivery, access, equity, and sustainability. India's approach recognizes that the principles of participatory governance are essential. Health interventions are most effective when communities can identify their health-related needs, participate in decision-making, prioritize the issues, and contribute to implementing and monitoring healthcare interventions.

India has always recognized the role of community engagement in health. The Bhore Committee Report of 1946 and subsequent health policy frameworks emphasized community participation as a key pillar of primary health care. This vision gained operational momentum in 2005 with the National Rural Health Mission launch, now NHM. It introduced structures like Village Health, Sanitation, and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis (RKS) to institutionalize active community participation.[7] The RKS and VHSNCs aim to foster local accountability and planning through participatory mechanisms. These platforms encourage community members to manage local health facilities and monitor public health expenditure, strengthening the health system's responsiveness. The success of VHSNCs in states like Tamil Nadu and Odisha

has shown how local governance structures can be leveraged to improve accountability and responsiveness.[8]

Another common household name, i.e., Accredited Social Health Activist (ASHA), introduced under the NHM, created a new cadre of community health workers to serve as intermediaries between the health system and rural populations. This initiative was based on the Mitanin Programme in Chhattisgarh, which demonstrated women volunteers' efficacy in delivering health education and services at the grassroots.[9] ASHAs are a critical link between the health system and rural populations, delivering health education, promoting immunization, and facilitating maternal and child health services. The ASHA program has been credited with enhancing institutional deliveries, facilitating immunizations, and promoting family planning.[10] Their grassroots presence has significantly increased institutional deliveries and improved health indicators across various states.[11]

Issues/Challenges and Limitations

Despite these achievements, there are multiple issues and challenges. Many ASHAs and community volunteers face gender-based discrimination, delayed honoraria, and limited career progression.[12] Furthermore, sustaining engagement beyond service delivery – such as in planning and feedback – requires stronger institutional mechanisms and political will.[7] Civil society organizations (e.g., NGOs) play a key role in enhancing participation, yet their role often remains underutilized in government-led programs.

Structural inequities like caste, class, and gender hierarchies often limit the inclusiveness of participatory spaces.[12] For example, although ASHAs represent the community, they often face problems like poor working conditions, delayed payments, and a lack of career mobility. VHSNCs and RKS often function with minimal training or support and lack the autonomy to make impactful decisions.[7] Furthermore, political and bureaucratic resistance to devolving power to communities inhibits grassroots ownership.

The need for continuity and sustainability of community engagement is a significant concern. These initiatives frequently depend on short-term funding or external facilitation, which risks undermining long-term capacity and institutionalization. Another challenge is limited funding for long-term community engagement and the need for community capacity-building.[13]

Different and changing priorities for different stakeholders also pose a significant challenge. It also depends on the awareness among different stakeholders. The interventions offered by the health providers should be acceptable to the community. The central government interventions will not be effective without active state, district, and local level participation. In addition, there is a definite need to involve academia from the community medicine and public health domains. They can be helpful for successful planning, implementation, and monitoring of various related activities. Furthermore, multisectoral coordination and collaboration are essential. Any research or intervention should involve proper documentation and dissemination, including publication.

Addressing these challenges requires a commitment to ethical practice, transparency, and respect for local knowledge. While significant progress has been made in mobilizing communities for service delivery, persistent challenges call for rethinking community engagement from a rights-based and empowerment perspective. Media (both individual and mass media) plays a very important role in the promotion of community engagement, and it should be utilized properly.

Conclusion

Community engagement is fundamental to achieving equitable and sustainable public health outcomes. It requires moving beyond top-down approaches and embracing models that respect, empower, and collaborate with communities. India's experience with community engagement in public health illustrates promise and complexity. Major reforms and sustained investment are necessary to transform participation into a driver of health equity and social justice. India's experience exemplifies the potential and complexities of integrating community engagement into public health.

In India, community engagement involves recognizing communities as beneficiaries and capable of shaping the health system and outcomes. Strengthening participatory governance, investing in training and resources for community stakeholders, and embedding equity lenses in program design are critical steps forward. Cross-sectoral collaboration and coordination are also essential. The physical infrastructure, such as roads, electricity, education, nutrition, water, and sanitation, determines public health outcomes. Here, community engagement can play a significant role. Technology, such as mobile platforms for health reporting and community feedback, may also offer new opportunities for scaled engagement.

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Conflicts of interest

There are no conflicts of interest.

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