

The Role of Participatory Governance in Strengthening Community Health Systems

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Abstract: This particular study analyzes the effects of participatory governance on community health system levels with specific focus on the neglected areas. Using a mixed-methods approach that includes both policy-based comparative analysis and field case studies, the study focuses on how inclusivity improves decision making regarding the delivery of health services and accountability on a local level. The results show that health governance strongly motivates improvement on access, responsiveness, and equity of services when communities are involved. This paper highlights participatory governance as a critical tool for activism on the imbalances in systemic health inequities and the nurturing of adaptive resilient health ecosystems designed to achieve universal health coverage targets.

Keywords: Participatory Governance; Community Health Systems; Health Equity; Public Health Policy; Civic Engagement; Health Accountability; Decentralization; Health System Resilience.

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I. Introduction

The growth of population, emerging new diseases, and resource constraints is putting enormous strain on healthcare systems. In this scenario, community health systems are the cornerstone of public health delivery, particularly in low and middle income countries. These systems still are associated with some inadequacies like inefficient and lack of resources and are unresponsive to the needs of the local population. The increase interest in participatory governance stems from the lack comprehensive framework from traditional top-down governance models to try ensure capture the reasons behind these issued and cope with them dealt from all angles. Participatory governance can be defined as the phase in which citizens and members of the community are able to take part actively in the decision making, planning, execution and evaluation of health services. Governance participation seeks to enhance community relevance by custom tailoring health programs to community needs by devolving power and facilitating local participation. It is supported by the Alma Ata Declaration on Primary Health Care and Sustainable Development Goal 3 (ensures health coverage and access for all).

Using participatory governance frameworks poses a challenge. It is more or less uniformly applied on all levels. In most situations, there are structural constraints like lack of capacity, opposition in politics or lack of policies to support proper community engagement. There is also little to no attempt at participatory mechanism analysis which makes measuring effectiveness of such mechanisms impossible. The objective with this research is to establish the connection between participatory governance and community health system performance. It gives examples from Kenya, Nepal, Peru and Philippines where some attempts have been made to include community participation at various levels in health policy formulation. The intent is to assess the effect of participatory systems in relation to access, quality, equity, and accountability regarding the provided health care services and to identify the enabling conditions for such mechanisms.

II. Literature Review

More recent studies underscore the participatory governance model as particularly relevant concerning public health. Gilmore et al. (2016) described how community-based health committees (CBHCs) can build capacity for maternal and child health when they are given decision-making authority and resources. They found that trained and legally empowered members were crucial in achieving intended outcomes.

In a comprehensive review, Black et al. (2017) summarized global evidence on community-based primary health care and concluded that participatory mechanisms such as budgeting and community-led planning tailored health services more effectively to local needs, thereby improving maternal and child health indicators.

Similarly, Rosato et al. (2008) highlighted the value of participatory platforms across diverse contexts, noting that community ownership of health programs improves accountability and sustainability. In Bangladesh, Leppard et al. (2011) stressed the importance of voice and accountability mechanisms in maternal, neonatal, and child health committees, showing how they enhance transparency and responsiveness.

Abimbola et al. (2016), analyzing committee minutes in Nigeria, emphasized that genuine participatory governance reduces absenteeism among health workers, improves trust, and strengthens access to essential drugs. However, they also cautioned that committees often lack real control over resources, limiting their effectiveness. George et al. (2018) expanded on this by examining maternal health in Gujarat, India, finding that equity improves when community action frameworks are coupled with systemic support.

Collectively, these studies suggest that participatory governance in health enhances trust, accountability, and health outcomes—but they also reveal limitations, particularly when participation is superficial or when structural barriers prevent communities from exercising meaningful control.

III. Methodology

The research utilized a mixed-methods approach to explore the impact of participatory governance on the outcomes of a community health system. A comparative case study design was used for Kenya, Nepal, Peru, and the Philippines. The selection criteria included the documented attempts to institutionalize community participation in governance as well as the socio-political and geographic diversity of the countries.

The collection of data included the analysis of relevant documents, conducting interviews, and collecting outcome data related to health. Specific policy documents from the national and regional ministries of health were analyzed for participatory health mechanisms concerning community health committees, participatory budgeting forums, and local health boards to establish the legal clarity and frameworks. In the investigation, public health actors and providers from the community, as well as a segment of the civil society, were interviewed. The completed interviews totaled forty in number. They highlighted relevant enabling aspects of participatory health governance and associated impacts, as well as a number of encountered difficulties.

From the national health records, WHO, (2022) and World Bank, some of the outcome measures collected, included the coverage of immunization, service utilization, and maternal mortality. To measure the extent of the community's involvement in the respective case study countries, an index known as the Participatory Governance Index (PGI) was formulated. Criteria required to formulate the PGI included: presence of a participatory governance structure, delegation of decision-making authority, community relations, and control over strategic financial resources allocation. To achieve a more robust and comprehensive evaluation, the data triangulated. An aggregate linear regression was conducted to evaluate the relation of the foregoing health indicators with participatory governance index scores. Besides, several narratives were constructed to tell the story of participatory governance influence on health initiatives to be undertaken through governance.

IV. Results and Discussion

From the analysis, it is clear that nations with higher PGI scores fared better in the health outcomes services, especially in service coverage, responsiveness, and community satisfaction. Nepal and the

Philippines had higher PGI scores because of their participatory frameworks and active societal engagement.

Table 1: Participatory Governance Index (PGI) and Health Indicators

Country	PGI Score (0-10)	Immunization Coverage (%)	Maternal Mortality Ratio (per 100,000)	Service Satisfaction (%)
Nepal	8.5	91	186	82
Philippines	8.0	89	192	79
Kenya	6.5	84	343	68
Peru	5.8	81	308	65

Table 2: Key Participatory Mechanisms and Impact Areas

Country	Participatory Mechanism	Key Impact Area	Challenges Identified
Nepal	Health Facility Committees	Budget Execution and Trust	Need for Training and Oversight
Philippines	Barangay Health Boards	Pandemic Response Coordination	Political Interference
Kenya	Digital Feedback Apps	Accountability and Feedback	Digital Literacy Gaps
Peru	Participatory Budgeting Forums	Service Prioritization	Limited Follow-through

Assigned responsibility was noted to relate to greater perceived accountability and transparency due to feedback loops. In Nepal, formal budgeting empowerment was conferred to the operation and management committees of the supply wards, which improved timely supply procurement as well as worker retention. During the pandemic, the Barangay Health Boards, in the Philippines, supported local resource mobilization and decision-making which ensured active participation during the period.

All of these successes were tempered by other noted challenges such as the slowness in legal framework, inadequate legal frameworks, insufficient elite capture, and development comprising sluggish regional development exacerbated by elite capture. Constructive participatory democracy encompasses all these factors, blending institution design with empowered structures that compel civic action.

V. Conclusion

This analysis defends the case for participatory governance by illustrating the lack of responsiveness from the community health system to the citizen's needs. The system's responsiveness improves dramatically when citizens can actively shape the health system's architecture, which greatly enhances its service quality and accessibility, and public trust. True participation can only ensue with the right political context, robust institutional arrangements, and dependable enduring support structures. Other contexts with varying governance structures would make ideal subjects for deepening our understanding of the effects of enduring participatory measures and tracking their impacts over time.

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