Models of citizen participation in public management of the health sector: a systematic review

Modelos de participación ciudadana en la gestión pública del sector salud: una revisión sistemática

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Abstract

Citizen participation in healthcare systems strengthens health governance by actively involving society in the design and evaluation processes of public policies. However, participatory processes in healthcare face limitations due to structural and political factors that affect their effectiveness. Therefore, the objective of this research was to explain the models of citizen participation in public management of the healthcare sector. A systematic review of the literature was conducted, following the PRISMA protocol. The search was carried out in indexed scientific databases (Scopus, SciELO, among others) and included research published in the last decade that addressed experiences of citizen participation in health. Thirty studies that met the established criteria were selected. The analysis shows that citizen involvement contributes to strengthening organized citizenship for the development of global government health management. However, in Peru, participatory processes in health face significant barriers, such as political instrumentalization, limited technical capacity, insufficient resources, and scarce information on health rights and duties. These difficulties limit the legitimacy of public decisions in the health sector. It is concluded that citizen participation models positively influence health-related decision-making processes, but it is necessary to evaluate their impact and develop strategies to overcome the challenges identified in the Peruvian context, promoting more inclusive and effective public health management.

Keywords: community participation, health policy, citizen involvement.

Resumen

La participación ciudadana en los sistemas sanitarios fortalece la gobernanza en salud al involucrar activamente a la sociedad en el diseño y en los procesos evaluativos de las políticas públicas. Sin embargo, los procesos participativos en salud enfrentan limitaciones debido a factores estructurales y políticos que afectan su efectividad. Por ello, el objetivo de esta investigación fue explicar los modelos de participación ciudadana en la gestión pública del sector salud. Se realizó una revisión sistemática de la literatura, siguiendo el protocolo PRISMA. La búsqueda se efectuó en bases de datos científicas indexadas (Scopus, SciELO, entre otras), e incluyó investigaciones publicadas en la última década que abordaran experiencias de participación ciudadana en salud. Se seleccionaron 30 estudios que cumplían con los criterios establecidos. El análisis muestra que el involucramiento ciudadano contribuye a fortalecer a la ciudadanía organizada para el desarrollo de la gestión gubernamental sanitaria a nivel global. No obstante, en Perú, los procesos participativos en salud enfrentan barreras significativas, como la instrumentalización política, la limitada capacidad técnica, la insuficiencia de recursos y la escasa información sobre derechos y deberes en salud. Estas dificultades limitan la legitimidad de las decisiones públicas en el sector sanitario. Se concluye que los modelos de participación ciudadana influyen positivamente en los procesos decisorios relacionados con la salud, pero es necesario evaluar su impacto y desarrollar estrategias que superen los desafíos identificados en el contexto peruano, promoviendo una gestión pública de salud más inclusiva y efectiva.

Palabras clave: participación comunitaria, política de salud, involucramiento ciudadano.

Introduction

Citizen participation models in public health management have sought to actively integrate social groups into the processes of designing, implementing, and reviewing health policy initiatives. This participation is fundamental to ensuring inclusive and transparent management, especially in contexts where public health faces multiple challenges. However, citizen participation in health remains limited due to a lack of clarity in operational management processes and the inadequate willingness of authorities to inform and account to the community. Additionally, insufficient dissemination of information regarding citizens' rights and responsibilities in health matters restricts their effective involvement in community processes.

Promoting citizen engagement in the health sector not only contributes to the achievement of the Sustainable Development Goals (SDGs) defined by the United Nations, but also positions participation as a key component in achieving sustainable global development by 2030. SDG 3, aimed at ensuring healthy lives and promoting well-being for all, places special emphasis on citizen participation, particularly in target 3.8, which seeks to achieve universal health coverage. This vision is complemented by SDG 16, which promotes the establishment of effective, accountable, and inclusive institutions through target 16.7, which fosters participatory, inclusive, and representative processes. Lastly, SDG 17 reinforces this approach by promoting strong partnerships among governments, the private sector, and civil society; particularly, target 17.17 highlights the importance of fostering effective collaborations across various domains, including health (Naciones Unidas, 2023).

However, in many contexts, the effectiveness of these models depends on rigorous evaluation and monitoring processes that measure their real impact. When institutional capacity is limited, these processes become insufficient, hindering the identification of successful and replicable practices (Pennel et al., 2017). Globally, citizen participation in health administration presents significant disparities. According to the World Health Organization (OMS), only 30% of developing countries have managed to implement effective participation models in the health sector, limiting the scope of sustainable interventions (OMS, 2021). Furthermore, the United Nations Population Fund (UNFPA) reports that over 40% of poor countries face difficulties in monitoring community participation due to a lack of technical resources (Naciones Unidas, 2023).

In Latin America, significant challenges have also been identified for community health management. Forty-five percent of community initiatives lack clear evaluation mechanisms, generating uncertainty about their effectiveness (Bernal-Ordoñez et al., 2025). Additionally, the Inter-American Development Bank (BID) indicates that 38% of community projects do not have specific indicators for social impact, complicating objective evaluation (BID, 2023). While strategies have been developed to promote community involvement, the lack of evaluation tools has compromised the sustainability of many of these initiatives. Thus, strengthening continuous monitoring processes is essential for consolidating participatory models over time.

In national contexts such as Peru, recent studies indicate that 40% of community health strategies lack impact indicators, affecting their replicability across various regions (Ministerio de Salud, 2022). Locally, many community programs aimed at strengthening social well-being lack continuous monitoring mechanisms, complicating their long-term sustainability. This situation underscores the urgency of implementing public policies that prioritize the creation of specific indicators and practices for constant evaluation.

Moreover, technological and digital gaps represent another significant obstacle to promoting social participation in health. Although technology can facilitate inclusion, its unequal access reveals deep inequalities in many contexts. According to OMS (2021), communities without adequate devices or digital skills face barriers to participating in online platforms and accessing relevant health information. This limits the scope of participatory processes, especially in areas with precarious access to information technologies. The lack of digital training also hinders the effective use of technological tools aimed at public health management.

Consequently, citizen participation models in public health management require comprehensive strategies that promote equitable access to technology, thereby strengthening citizen inclusion in the health sector. Fostering these models not only improves equity in public management but also contributes to building more democratic and accountable health systems, aligning decisions with citizens' demands. Additionally, promoting inclusion strengthens the ties between the community and health institutions, generating collective well-being (Mira et al., 2018; Castell-Florit, 2022).

In this sense, the present study aims to explain citizen participation models in public health management, proposing strategies to foster their consolidation. Based on the obtained results, it is expected to contribute knowledge that guides the design of more democratic and sustainable health policies, in line with the SDGs. Thus, the findings may enhance practices in other areas of public management, providing useful tools for more inclusive and transparent governance in various social contexts.

Methodology

This research is based on a systematic analysis of information sources related to citizen participation in the governmental administration of the health sector. Relevant scientific articles, systematic reviews, and academic studies were consulted. Research published in the last five years (2019–2024) was considered, utilizing recognized bibliographic databases such as Scopus, SciELO, Web of Science (WOS), and other complementary sources. The search was conducted in both Spanish and English, considering keywords in the title, abstract, and keywords.

A total of 923 articles were identified, of which only 31 met the established inclusion criteria and were selected for analysis, as they contained updated information focused on relevant aspects of existing citizen participation models related to governmental policies, programs, governance, investment projects, and the performance of health organizations.

The following descriptors were employed for the bibliographic search: citizen participation, social participation, public management, and participation models. Technical reports available on Google Scholar that included these keywords were also consulted.

The review of the selected articles was conducted thoroughly, extracting relevant information for the study. The methodological description of the included studies was taken into account, following the PRISMA protocol (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). Studies were classified as systematic reviews if they met the established criteria, or as narrative reviews if they did not.

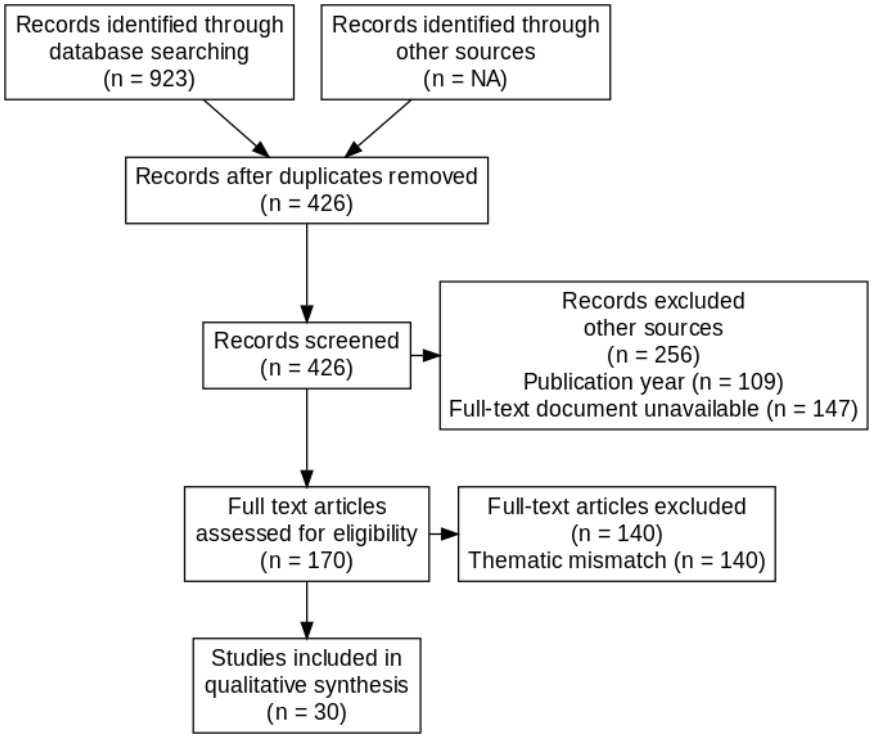
Inclusion criteria considered articles specifically related to citizen participation models in public health management. Primary studies with quantitative, qualitative, or mixed approaches; case studies; technical reports; theoretical models; frameworks; and practices applied by official agencies at international, national, and regional levels were also included. Publications had to be available in English or Spanish, in indexed peer-reviewed scientific journals, published between 2019 and 2024.

Exclusion criteria discarded articles that did not specifically focus on citizen participation in public health management, were outside the temporal range of study, did not allow access to the full text, or did not offer relevant content on the subject. Opinion articles, conference abstracts, theses, and non-peer-reviewed documents were also excluded.

The analysis of the selected articles was conducted qualitatively and collaboratively. Central themes were identified and organized into categories such as: “definition of citizen participation in public management,” “expected benefits,” “actors representing the citizenry,” “modalities and scope of participation,” and “results obtained.”

The execution of this study involved a systematic review with scientific rigor, ensuring the integrity of the analysis through correct identification, evaluation, and synthesis of the bibliographic references. A data collection protocol was employed that included information on the author, title, country, year, and abstract of each study. The selection of the reviewed articles was graphically represented using the PRISMA flow diagram, illustrating the phases of identification, selection, inclusion, and analysis of the studies incorporated into this review.

Figure 1
PRISMA flow diagram



Results and discussion

Citizen participation has evolved from models that viewed citizens merely as responses to distrust generated by political actors, significantly impacting public health policies. Therefore, it is essential to develop and apply effective instruments that genuinely involve citizens. This approach can enhance the acceptability, equity, and efficiency of health policies, ensuring they better meet the needs and expectations of the population (Mira et al., 2018).

Regarding empowered citizen participation, three levels are distinguished: a collaborative society between the government and the population; the promotion of citizen protagonism; and the capacity to exercise regulatory and oversight actions over individuals. The latter represents the highest level of autonomy and decision-making. Although this form of participation continues to be applied and remains a viable alternative, Castell-Florit (2022) and Ruiz et al. (2023) argue that it is necessary to configure an active role for social participation in the components related to the conditioning factors of health issues. This would allow for the generation of personal well-being and prolonging quality years of life. To achieve this, it is important to reassess the sensitivity and perceptions of individuals, both at the state and collective levels, promoting their protagonism in decision-making processes in administrative planning, organizational structuring, and certain actions of social control. In this context, social actors with leadership, communication, assertiveness, resilience, and conflict management skills are required (Bruno et al., 2023).

Concerning citizen empowerment, expressed through intersectoral mechanisms for health, this constitutes a process aimed at achieving coordinated and conscious involvement to meet goals that ensure a partial or total response to adverse health circumstances. This involvement indirectly contributes to outcomes that impact the social and economic conditions of citizens, thus demonstrating the effectiveness of citizen participation models in public health management (Hickey et al., 2024). However, these processes reveal a lack of capacity among social

actors to interact on equal terms in decision-making spaces. Therefore, it is advisable to establish ongoing training and capacity-building platforms for these representatives to achieve meaningful participation in decision-making contexts (Almeida et al., 2024).

Furthermore, Espino et al. (2024) assert that citizen empowerment is crucial for society's involvement in the main dynamics of state management. However, the lack of clarity in the management of administrative systems and the exclusion of various social areas in participatory processes limit the effectiveness of such participation. It is necessary to address these structural and systemic challenges to foster more inclusive, equitable, and effective participation. Similarly, Páez Bimos (2024) argues that while social mobilization has the potential to improve government proposals and their implementation, it faces obstacles such as exclusion, lack of resources, institutional distrust, and corruption, which limit its effectiveness. Addressing these structural problems comprehensively is key to consolidating the commitment of all actors, an essential component for promoting the well-being of the population through the articulation of citizen participation in public health management.

An additional aspect of relevance is co-optation, which, according to Stirling (2024), can provoke distrust and disillusionment among the population, who perceive themselves as excluded and without a genuine opportunity to participate in decision-making. This can reduce citizen participation and accentuate the delegitimization of participation models, as citizens feel their opinions or proposals are not considered and that these spaces are illegitimately exploited by political or economic actors. This situation severely harms social participation models in health. In this regard, Barragán (2022) emphasizes that the continuous and vigorous involvement of local leadership and community representatives, supported by technical knowledge of the health sector, is fundamental to promoting intersectoral empowerment and addressing the complex challenges of the community. However, it is essential that this participation is authentic, substantive, and inclusive, incorporating all relevant actors and considering the needs and visions of the community. These aspects provide significant and representative representation at the local level (Vílchez-Vargas, 2023).

A key point to consider is the lack of representation and the exclusion of marginalized communities, ethnic minorities, individuals with disabilities, and other vulnerable sectors in decision-making processes, which perpetuates and exacerbates health inequities. It is crucial to confront these structural and systemic challenges that limit the effectiveness of citizen participation in public health management and to foster a comprehensive approach that includes all involved actors (Braithwaite et al., 2020). In the same vein, Chen et al. (2022) note that the exclusion of various social groups from participation mechanisms, lack of adequate funding, insufficient training for social collaborators, and distrust in public institutions are significant obstacles to effective participation. Addressing these challenges is essential for achieving more inclusive, equitable, and efficient participation.

Likewise, Montecinos & Contreras (2019) consider that citizen participation in public management encompasses three essential aspects: the objective, the conceptualization, and the theoretical foundation. The objective of participation is key to public management, as it allows citizens to play an active role in adopting measures and implementing governmental guidelines. The conceptualization of participation, in turn, establishes how this process is understood and carried out. A positive valuation of participation, both at the institutional and non-institutional levels, is vital for its success. In this sense, Valdez (2019) and Sbárbaro & Ayup (2024) argue that social involvement in the development of governmental guidelines, equitable distribution of power, and implementation of democratic mechanisms are fundamental to strengthening governance and improving health system standards. When society actively participates in adopting measures and protecting its benefits in the health sector, social justice, resource optimization, and positive outcomes in the system are promoted, contributing to a vital environment conducive to the continuous improvement of citizens' health.

In the same vein, Mella & Narváez (2023) propose three citizen participation models that can enhance governance and the adoption of health measures. One of them is the consultative model, which focuses on collecting the demands and proposals of various organizations and citizens, aiming to create policies that adequately meet the population's needs. This model seeks active interaction among the various actors in the system to ensure representative policies that respond to the popular outcry.

On the other hand, Quispe et al. (2022) highlight the active participation model, which emphasizes the importance of empowering individuals to be dynamic participants in shaping scenarios that promote inclusive progress, collective well-being, and dignified living conditions. The aim is to encourage citizen participation in adopting health interventions, fostering greater community involvement in designing health strategies and plans.

Finally, there is the solidarity model, which emphasizes creating a committed citizenry that acts collaboratively in response to common health problems. This model promotes strong social ties and cooperative articulation among the various components of the health system, aiming to collectively address challenges affecting the population (Ochoa-Cervantes et al., 2024). Overall, these models seek to enhance inclusion,

transparency, and effectiveness in health policies in Chile, incorporating citizens in policy formulation and contributing to a more democratic and participatory health management.

Additionally, González (2015), in his critical review of healthcare models for Indigenous peoples in Andean countries, emphasizes the crucial role of social participation in health systems. This participation is considered fundamental to ensuring more equitable and culturally appropriate care, particularly relevant in planning the development of public policies and managing health resources. The active involvement of Andean peoples in health care decision-making contributes to developing more inclusive care models that are sensitive to their cultural and social needs.

The approach proposed by Correa Mosquera & Pérez Piñón (2022) is essential for addressing inequalities in healthcare provision and promoting an intercultural approach to health care. Essentially, social participation in health systems, particularly regarding Indigenous populations, is vital to achieving more equitable, culturally appropriate, and needs-centered care.

Cassetti et al. (2018) highlight the importance of involving citizens in decision-making procedures and implementing public policies. This participation can optimize decision-making efficiency and increase the legitimacy of implemented policies. To foster effective participation, it is suggested to create mechanisms that allow for significant citizen intervention with real impact on public decisions.

Moreover, Pinto et al. (2022) stress the need for civic education, which involves informing and training the population so that their active involvement is evidence-based within decision-making mechanisms. Transparency in these processes is also considered essential for generating credibility and trust in governmental entities, ensuring that they are open and accessible to all involved.

For Dusso & Bravo (2023), a model of social participation in public management involves four progressive levels of citizen involvement: a) Informative level, focused on providing citizens with balanced and objective information, allowing them to better understand relevant issues; b) Consultative level, which seeks to obtain the views and assessments of society through bidirectional communication between the population and decision-makers, actively considering their concerns and aspirations; c) Deliberative level, which fosters deep and participatory dialogue between citizens and authorities, where not only opinions are expressed, but also active participation in evaluating and formulating responses to public challenges; d) Implicative level, representing the highest degree of participation, in which citizens have the capacity to decisively influence the choice of final options and formulate solutions.

This model aims to increase administrative clarity, legitimacy, and effectiveness in adopting governmental measures. Its implementation can significantly contribute to strengthening democracy, ensuring greater participation and representation of citizens in public management (Sanhueza & García-Moreno, 2024).

In this regard, Sinervo et al. (2024) highlight the participatory budgeting model as a key tool for citizen participation, promoting sustainable governance by ensuring decisions are inclusive, participatory, responsive, and representative at various governmental and intersectoral levels.

Likewise, Zhang & Wang (2022) argue that citizen participation positively impacts the future development of social policies aimed at improving health interventions. Lu and Zhu (2022), referencing Rahbari Bonab et al. (2024) and Araujo et al. (2024), emphasize the importance of citizen involvement in health management, especially when it incorporates crucial information for the community. Social collaboration and citizen self-esteem positively influence health management, making it essential for the state to establish social incentive mechanisms to strengthen responsibility and citizen contribution in managing critical health circumstances. Furthermore, the need to objectively evaluate both the governmental system and private entities—such as pharmaceutical companies—is highlighted to ensure effective decision-making.

Scientific evidence supports the conclusive relevance of community participation in health, especially in health promotion initiatives directed at vulnerable populations affected by social inequalities. This approach aligns with viewing citizen participation as a fundamental component of human rights. Although community inclusion in developing health guidelines is limited in some contexts—such as in Iran—a high degree of citizen empowerment is observed. Key factors fostering community participation in health have been identified, such as training, demand structuring, community mobilization, resource allocation, and strategic alignment. In this process, political commitment stands out as the main driver for implementing necessary health interventions. A truly innovative approach involves adopting a social philosophy that promotes community participation.

Conclusions

Citizen participation models in public health management aim to promote greater transparency, legitimacy, and effectiveness in governmental decision-making processes. These models can be classified into four

progressive levels of involvement: informative, consultative, deliberative, and implicative, each with varying degrees of citizen empowerment in decision-making. However, the effective implementation of these models faces multiple challenges, such as the exclusion of marginalized and vulnerable groups from participatory processes, lack of adequate funding, insufficient training for involved social actors, and persistent distrust toward governmental institutions. These structural and systemic limitations hinder the development of authentic and transformative citizen participation.

In the Peruvian context, it is crucial to adopt a comprehensive approach that incorporates all relevant actors, recognizes the needs and visions of the community, and promotes substantial and inclusive participation. Additionally, local leadership, articulated with technical knowledge of the health sector, is an essential element for driving intersectoral empowerment processes capable of addressing complex community challenges. Ultimately, citizen participation models in public health management have high potential to improve the acceptability, equity, and efficiency of health policies. However, their impact will depend on the ability of states to overcome structural obstacles and create institutional, social, and political conditions favorable to the democratic and effective participation of citizens in public decision-making.

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