

COMMENTARY

Towards Healthy Tribal Communities: A Comprehensive Commentary on Initiatives in India

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CITATION

Joshi A, Raut JM Mudey A. Towards Healthy Tribal Communities: A Comprehensive Commentary on Initiatives in India. Indian J Comm Health. 2025;37(4):617-621. <https://doi.org/10.47203/IJCH.2025.v37i04.021>

ARTICLE CYCLE

Received: 03/05/2025; Accepted: 27/07/2025; Published: 31/08/2025

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ABSTRACT

Background: Tribal people also called as Indigenous people have diverse languages, cultures, traditional practices or rituals, and customs that distinguish them from the rest of the civic world. Although there are around 104 million tribal people in India they have remained socio-demographically and geographically distant and suffer from various health ailments from communicable diseases like Malaria Tuberculosis and malnutrition to increasing burden of Hypertension and Diabetes. The various health parameters and indicators remain below the National average. The detailed report of Expert committee on tribal health has led the way for various Government ministries and departments to work on addressing the disparity in Tribal health. **Aim & Objectives:** To summarize and collate all the existing measures for improving tribal health parameters **Methodology:** We included all the National and International policies and programs along with some examples from Non Government sectors and recent updates. **Results:** This article summarizes all the initiatives and efforts being undertaken in India by all the stakeholders along with updates on some recent initiatives to understand the holistic efforts towards achieving Holistic Tribal development and how medical colleges can complement these efforts. **Conclusion:** We collated the overall evidence for creating a comprehensive commentary on Tribal Health initiatives.

KEYWORDS

Indigenous People; Holistic Health; Health Services Accessibility; India

CONTEXT

The diverse population of India includes a large number of native populations known as tribal or Adivasis, who possess diverse languages, cultures, traditional practices or rituals, and customs that distinguish them from the rest of the civic world (1). According to The Expert Committee on Tribal Health, around 104 million tribals live in the country, accounting for 8.6% of India's population. Amongst these, 90% reside in rural regions. These communities suffer from a triple burden of health problems, which includes undernutrition, communicable diseases like malaria and tuberculosis, and rising incidence of noncommunicable diseases like hypertension and

diabetes along with absence of provision of appropriate timely healthcare services (2).

Why tribal health matters: A UNICEF-assisted study from Kerala in 2013 reported the Infant Mortality Rate in Wayanad, a district with the largest tribal population in the state, to be 41.47 per 1000 live births, while the IMR in the rest of the state remains as low as 7, revealing a harsh reality of the disparities faced by tribals from the rest of the population (3).

Various Government and Non-Government Organisations plan various initiatives; implement strategies and programs to improve Tribal health.

Ministry of Health and Family Welfare Initiatives

Relaxed Population Norms for Health Facilities:

Sub-centres (SHCs) and primary health centres (PHCs) are upgraded under Ayushman Bharat, the population norms for the tribals and vulnerable, remote, hard-to-reach populations in the country were relaxed from 5000 to 3000 (SHCs), 30000 to 20000 (PHCs) and 120000 to 80000 (Community Health Centres)

Mobile Medical Units (MMUs): Under the *NHM*, deployment of the Mobile Medical Units (MMUs) in the underserved, inaccessible regions in accordance with requirements of the areas to provide a variety of health services.

Free Health Services: The National Free Drugs Service Initiative and the National Free Diagnostic Service Initiative have been rolled out to minimise Out-of-Pocket Expenditure, especially in vulnerable areas, to ensure the uninterrupted availability of essential medicines in health centers.

ASHA programme guidelines: Recruited at village/locality level in tribal and hilly terrains (below the national norm of one ASHA per 1,000 people).

Ambulance Services: The National Ambulances Services under *NHM* provides free ambulance services for better accessibility in hilly and tribal areas.

High Priority Districts (HPDs): Tribal-majority districts with low health indices receive more budgetary allocation as compared to other districts to enhance monitoring and adopt initiatives to tackle specific health concerns in the region.

Incentives for Health Workers: Monetary incentives in the form of Honorarium to Paediatricians and anaesthetists, special packages and hard area allowances to medical officers and specialists, specialist incentives, rewards for physicians & ANM and flexible salaries ("You quote, we pay") to attract Specialists. Additionally, Non-monetary incentives such as preferential PG admissions and improved housing for rural staff are provided (4).

Ministry of Tribal Affairs Initiatives

The **Ministry of Tribal Affairs** administers various **economic, educational, and social development schemes** for tribal communities, implemented primarily through **State Governments and Union Territories**.

Tribal Research Institutes (TRIs): 26 TRIs across India act as the Ministry's state-level research bodies. These bodies focus on tribal knowledge, research, and institution-building.

Centres of Excellence: These are the National or international organizations recognized for conducting **action-oriented research** on tribal

development. They Support the long-term, policy-oriented studies.

Research Projects/Studies: Research on core tribal specific areas is conducted by providing Funding only to reputed institutions, **universities, TRIs, UGC/AICTE-affiliated institutes, and state-recommended NGOs**.

National Tribal Research Portal: This is a platform to collect **best practices and data** from various organisations working for tribal up-liftment **without receiving government funding** (5).

Many **government and non-government agencies** regularly collect data on **tribal healthcare** through various surveys and mechanisms. Data on infrastructure and health workforce in tribal areas are collected by the ***Rural Health Statistics (RHS)***, key health parameters indicators, especially maternal and child health among Tribals by the ***National Family Health Survey (NFHS)***. The population and household data, including tribal demographics, are collected by the Census of India, and socio-economic data is collected through household surveys done by the ***National Sample Survey (NSS)***. These sources collectively help monitor and plan tribal health interventions (6).

The Ministry, through the interactive web-based portals, provide data through the Scheduled Tribe Component (STC) Monitoring System it oversees the Tribal Sub-Plan (TSP)/ Scheduled Tribe Component (STC) Funds and showcases real-time data about Sickle cell trait and disease that primarily impact the tribal population which in turn strengthen the data information system (7).

The ICMR-National Institute of Research in Tribal Health (NIRTH)

ICMR-NIRTH, Jabalpur (Indian Council of Medical Research – National Institute for Research in Tribal Health) focuses on improving the health and well-being of the tribal population in India through research and capacity-building. It conducts studies on nutritional disorders, communicable and non-communicable diseases, and environmental health problems. Socio-economic, demographic, and cultural factors affecting tribal health are also being studied.

In addition, ICMR-NIRTH provides training to state health professionals in modern diagnostic and disease intervention techniques. It aims to raise health, nutrition, and awareness levels among tribal communities so they are no longer considered underprivileged in terms of health research (8).

Tribal Research and Training Institute (TRTI)

The TRTI, Pune, is an autonomous body under the Government of Maharashtra. It is part of a network of similar institutes in tribal-dominated states across India. Its key objectives and functions are to

evaluate the impact of Central and State government schemes on tribal development (economic, educational, and social), **research** tribal life and development and **provide training** to officials and staff of the Tribal Development Department. Due to its significant work, the **Central Government has designated TRTI Pune as the nodal agency** for all tribal research and training institutes in the country (9).

Role of International Agencies

WHO's Global Plan of Action for the Health of Indigenous Peoples

The **World Health Assembly** adopted **resolution** on the **Health of Indigenous Peoples** in 2023. The intention behind the adoption of the plan was to Develop a **Global Plan of Action** for Indigenous health, to Consult with all members, **Tribal people, UN agencies, civil society, academia**, and other stakeholders, to Focus on a **holistic approach** across life course and prioritise those in **vulnerable situations**, while considering **local contexts** (10).

Piramal Swasthya: National Tribal Health Portal

A major implementer of primary healthcare programs in India with extensive experience, **Piramal Swasthya** is working with **tribal communities in Andhra Pradesh** to improve **maternal and child health** and **nutrition**. Along with **NITI Aayog** they work for to transform health systems in **identified Districts** across **7 states**. They also established the **Centre of Excellence (CoE) for Knowledge Management (KM)** to address knowledge gaps in **tribal health and nutrition**. They launched **Swasthya: National Tribal Health Portal** as a **unified platform** for sharing ideas, information, and data, enabling **evidence-based decision-making** (11).

The Bill & Melinda Gates Foundation partners with the Piramal Foundation to improve health and nutrition in tribal districts of India. The collaboration aims to support the Government of India's efforts to achieve Sustainable Development Goal 3 by 2030 (12).

World Bank

Three **State Health Systems Projects** in **Rajasthan, Karnataka, and Tamil Nadu** supported by the **World Bank** implemented **innovative, area-specific strategies** to improve tribal health. Given the diversity among tribal groups, the interventions were **multi-pronged** and tailored to local needs. It is delivered primarily through **public-private partnerships (PPP)** and has proven effective, prompting **phased expansion** of these initiatives across the three states (13).

Global Collaboration for Tribal Health in India

The Union Ministry of Tribal Affairs, along with UN Agencies and other global organisations, organised an event, **Viksit Bharat @2047 - Accelerating Tribal Development: Collaborative Global Partnerships**, aiming at core areas such as Tribal health, education, **vocation, socio-cultural heritage, infrastructure** and service delivery. It would identify the potential areas for intervention and build collaboration to ensure sustainable consequences for tribal communities (14).

Premier Non Governmental Organisations working on tribal health

Society for Education, Action and Research in Community Health (SEARCH)

SEARCH is keen on its motive of providing affordable healthcare services to the tribal population of Gadchiroli and empowering them towards self-care and health education. It also focuses on conducting high-quality research for health policy reforms and recommendations for the betterment of the tribal community (15).

Lok Biradari Prakalp (LBP)

LBP, Maharogi Sewa Samiti's social Project; started on 23 December 197, by Baba Amte, a social worker, involves medical, educational and animal orphanage facilities for the integrated development of Madia Gond tribes. It is situated in Hemalkasa village of Gadchiroli district. It has shown a way for the compassionate, holistic welfare of tribals (16).

Jan Swasthya Sahayog (JSS)

JSS focuses on providing an effective and affordable health program that offers holistic services in the tribal and rural areas of Bilaspur and Chhattisgarh. They are specifically known for their preventive and curative strategies implemented using an appropriate technology catalogue to address health problems in their locality. (17).

Anamaya

"Anamaya - the Tribal Health Collaborative", in northeast India, is a prominent collaborative of the Ministry of Tribal Affairs, the Ministry of Health and Family Welfare, and the Piramal Foundation. It is mainly focused on the betterment of tribal populations in India. It aims to tackle preventable deaths, collaborating with the government sector by using the comprehensive approach for Tribal health in North-east India (18).

Newer initiatives

Transforming tribal health: Prospects for the Next 25 Years

The following priority actions are proposed for Holistic Tribal Development such as transforming

health services by employing best practices in tribal areas, expenditure on research and developing infrastructure and institutional capacity building, utilising science and technology for innovations, community engagement and empowerment along with planning and various programme implementation (19).

Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN)

It is a significant tribal welfare program targeting over 22,000 particularly vulnerable tribal groups (PVTGS) in 200 Indian districts. The initiative was launched with several key focus areas: Household development and lifestyle improvement, education, roads and connectivity, vocation and healthcare access.

The implementation of Mobile Medical Units (MMUs) under NHM, the establishment and operating Anganwadi Centres, and outreach and awareness regarding important health programs such as the National Tuberculosis Eradication Program, PM Matru Vandana Yojana, PM Surakshit Matritva Abhiyan, Ayushman Bharat Card, and Sickle Cell Mission were among the health-related components of this initiative.

The abhiyan focuses explicitly on bringing **transformation in the remote and underserved tribal communities** (20).

First International Symposium on Tribal Health

The **Maharashtra University of Health Sciences, Nashik**, in collaboration with **AIIMS Nagpur**, organised the **first-ever International Symposium on Tribal Health in Nagpur from January 31 to February 2, 2025**.

The initiative, which involved specialists and delegates from various countries like Australia, Tanzania, Liberia, Zambia, Ghana, South Africa, Slovenia, Palestine, and India, was a significant highlight of its global reach. The event facilitated knowledge exchange on tribal health, involving government, bureaucratic, academic, public health, and non-governmental organisations discussing comprehensive approaches from policy to real-world application (21).

Catalysing ancient wisdom and modern science and Need for a Tribal health Policy

Traditional tribal health knowledge including practices of traditional healers and *dais* should be respected, upgraded, and integrated into public health programs to promote culturally appropriate healthcare.

The WHO established the Global Traditional Medicine Centre (GTMC) based in Jamnagar, Gujarat, in 2022, promoting research, information sharing, biodiversity protection, and integrating traditional knowledge with modern science (22).

A unique Tribal Health Policy and a National Tribal Policy are mandatory to manage government programs in tribal areas, women PRI members and community-based groups like self-help groups (SHGs) can be included and trained for efficient execution of initiatives (23).

Way ahead

The National Medical Commission has introduced the *Family Adoption Program* across all medical colleges in India. Under this initiative, each medical student is required to adopt three to five families residing in the village adopted by their respective medical college (24).

Medical colleges located near tribal regions are encouraged to take the lead in implementing this program by prioritizing the adoption of villages with predominantly tribal populations. Early engagement with these communities will provide undergraduate medical students with valuable exposure to tribal healthcare challenges, enabling them to better understand the unique epidemiological patterns and health concerns prevalent in tribal areas. This hands-on experience will also help foster a deeper sense of social responsibility and culturally sensitive care among future healthcare professionals.

"Tribal health in India has witnessed significant progress, driven by the coordinated efforts of various government agencies and supported by both national and international private organizations. However, a considerable journey still lies ahead to realize the goal of inclusive universal healthcare—one that is accessible, available, affordable, and acceptable to even the most remote and underserved indigenous communities of our country." "These collective efforts, initiatives, innovations, and strengthened networks will play a crucial role in helping us achieve the envisioned goal of an acceptable standard of health for tribal communities in our country."

AUTHORS CONTRIBUTION

AJ Conceptualized the Idea. AJ, AM, JR did the literature search and collating the existing evidence. AJ and JR drafted the manuscript. AM critically revised the manuscript and all the authors read and approved the final version of manuscript.

ACKNOWLEDGEMENT

None

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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