



16th CIVIL SERVICES DAY
APRIL 21, 2023

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PRIME MINISTER'S AWARDS

HOLISTIC HEALTH CARE FOR ALL - HEALTH & WELLNESS CENTRES

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“We have adopted a holistic approach in our healthcare system. Today our focus is not only on health, but equally on wellness.”

“Health and Wellness Centres will in a way work as family doctors for the poor. Earlier there used to be a family doctor in middle class and upper-class families. These Wellness Centres will now become the extension of your families. These will be associated with your day to day lives.”

– Hon’ble Prime Minister Narendra Modi

COMPOSITION OF SESSION

Breakaway Session	Holistic Health Care for All- Health & Wellness Centres
Chair	Dr. Mansukh Mandaviya Hon'ble Minister for Health & Family Welfare
Panelists	Shri S Gopalakrishnan Special Secretary Ministry of Health and Family Welfare Govt. of India Shri P. Senthil Kumar Principal Secretary – Health Govt. of Tamil Nadu Shri Ramkumar. S Mission Director – National Health Mission Govt. of Meghalaya Ms. Priyanka Shukla District Magistrate – Kanker Chhattisgarh
Rapporteur	Ms. Roli Singh Additional Secretary Ministry of Health and Family Welfare Govt. of India

BACKGROUND

Aligning with the international principles, all the National and State programmes between 1990 and 2015 were aimed at achieving the Millennium Development Goals. Due to the prevailing conditions of high infant and maternal mortality during that period, the primary health care services became the focus area of health programmes. However, the programmes were insufficient to accommodate the changing disease profiles in several parts of the country.

Thus, in its Framework of Implementation, the National Health Mission recommended that the Sub Centre/Urban Primary Health Centre should be strengthened to provide a larger range of preventive, promotive and curative care services so that it becomes the first port of call for each family to access a full range of primary health care services.

In view of this, a Task Force was constituted for the roll out of Comprehensive Primary Health Care (CPHC) in 2015 which recommended key reforms for operationalizing primary health care including:

- Expansion of services and ensuring continuity of care
- Measures to ensure availability and development of human resources for the delivery of expanded range of services
- Reliable access to free essential medicines and diagnostic services
- Leveraging information technology to empower health care providers and patients, governance, financing, partnerships etc.
- Measures for ensuring quality of care
- Change management processes

Later, the launch of National Health Policy in 2017 saw the acceptance of the recommendations of the Task Force for Comprehensive Primary Health Care. Subsequently in 2018, emphasizing on Universal Health Coverage Ayushman Bharat (AB) was launched with twin pillars of Health & Wellness Centers (AB-HWCs) and Pradhan Mantri Jan Arogya Yojana (PMJAY). The first AB-HWC was inaugurated by the Hon'ble Prime Minister, Shri Narendra Modi, on 14th April 2018 in Bijapur, Chhattisgarh.

INTRODUCTION TO HEALTH & WELLNESS CENTRES (AB-HWCs)

The HWCs are conceptualized by the Ministry of Health and Family Welfare (MoHFW), Government of India to provide comprehensive primary health Care with an aim to provide best quality health and wellbeing services to all age groups. CPHC is complemented by outreach services, Mobile Medical Units and Home and Community based care to ensure continuum of care based on the principles of equity, universality and removing any financial hardship. Emphasizing on the significance of AB-HWCs, it was suggested under the National Health Policy to allocate two-thirds of the budget to primary health care. Thus, an allocation of Rs.1200 crores was announced for Health & Wellness Centres in the budget speech for Financial Year 2018-19.

The AB-HWCs encompasses multiple reforms, spanning all aspects of the healthcare systems such as service delivery, human resources, financing, access to essential medicines and diagnostics, community participation and ownership and governance. It is envisioned that AB-HWCs will deliver expanded range services that not only deliver maternal and child health care services, but also include services to address communicable and non - communicable diseases, services for the elderly, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, provision of free essential drugs and diagnostic services, tele-consultation, and health promotion including wellness activities like Yoga/Zumba/Cycling.

Components of AB-HWCs

Following are the components of Health and Wellness Centres:



Source: Ayushman Bharat Health and Wellness Centre Booklet, 2021

KEY FEATURES OF AB-HWCs

The AB-HWC is an ambitious programme which encompasses various health care services and aims to make the health care system patient-centric. Its key features are as mentioned below:

- Transformation of existing Sub Health Centres and Primary Health Centres to AB-HWCs to ensure universal access to comprehensive primary health care services.
- Moving from the provision of ‘selective’ services to the delivery of a ‘Comprehensive Primary Health Care (CPHC)’ spanning preventive, promotive, curative, rehabilitative and palliative care.
- Ensure a people centered, holistic, equity-sensitive response to people’s health needs through a process of population empanelment, regular home and community interactions and people’s participation.
- Delivery of high-quality care across health risks and disease conditions through availability of medicines and diagnostics, use of Standard Treatment Guidelines (STGs) and referral protocols, advanced technologies including IT systems and focus on wellness.
- Provision of expanded range of comprehensive primary health care services, beyond Reproductive and Child Health (RMNCHA+N) and Communicable Diseases, to include universal screening of five common NCDs with incremental delivery of services for Non-Communicable Diseases (NCDs), mental health, ENT, Ophthalmology, oral health, geriatric and palliative health care and trauma care etc.
- Additional cadre of Community Health officer at the Sub Health Centre-HWC to act as public health manager and team leader & Multiskilling of existing team.
- Provision of improved access to free essential medicines and diagnostic services.
- Provision of continuity of care with a two-way referral system between the AB-HWCs and the AB-PMJAY and follow-up support.
- Promotion of use of appropriate technologies for improving access to health care advice (Teelconsultation), treatment, effective reporting and recording (various IT systems), and transition to electronic records for individuals and families linking it with National Digital Health Mission (NDHM).
- Promotion of health practices through school education, awareness programmes, promotion of Yoga, wellness activities, etc. and public health action through capacity building.
- Setting up of Jan Arogya Samitis (JAS) for institutionalization of the community ownership and management of health centres.
- Pre-announces theme specific Monthly Health Melas – to optimize the utilization of healthcare services at AB-HWCs.
- Innovative payment mechanism such as performance linked payment and team-based incentives.

OPERATIONAL MECHANISM OF AB-HWCs

➤ Management Structure

The Management structure at the National level is shown below:



➤ Service delivery

The service delivery for preventive, promotive, curative, rehabilitative health care is at three levels:

Family/Household and Community Level

- The ASHA and MPW undertake house visits for improved care, risk assessments, follow ups, counselling, etc. In addition, regular Health Melas, Outreach OPDs, Mahila Arogya Samities help in delivery at community levels.

Health and Wellness Centres

- The HWCs provide regular follow ups of chronic illness like Hypertension/ Diabetes, etc. are conducted for enhanced delivery of health services.

First Referral Level

- The referral care and sites depends on the illness and availability of specialists. First Referral Unit is established to progress with referral support for expanding range of services.

Source: Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centres Operational Guidelines, 2018

➤ **Human Resource**

Sub Health Centre (SHC): The Sub Health Centre is designed to be the most peripheral and the first point of contact between the community. The AB-HWCs at the Sub Health Centre level would be equipped and staffed by Primary Health Care team led by a Community Health Officer (CHO) who is a B.Sc./ General Nursing and Midwifery (GNM)/Ayurveda Practitioner, trained and accredited in an approved Certificate Programme in Community Health (through IGNOU or State specific universities) or an Integrated BSc Nursing graduate with Community health as part of the curriculum. The team also comprises of Multi-Purpose Workers (male & female) and Accredited Social Health Activists (ASHAs).

Primary Health Centre (PHC) / Urban Primary Health Centre (UPHC): A PHC that is linked to a cluster of AB-HWCs at the SHCs would be the first point of referral for most diseases in its jurisdiction. The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all SHC Level AB-HWCs in her / his area and through the PHC itself.

➤ **Use of technology**

For the effective implementation of AB-HWCs, a robust IT system is established which is inter-operable with the e-health architecture at the National and State level. The IT tools support in maintaining the records of delivered services, timely follow ups of service users, reporting to higher functionaries and use of population-based analytics.

Some of the IT applications used at AB-HWCs are AB-HWC portal/application, CPHC-NCD applications, e-Sanjeevani app for teleconsultation, Drug and Vaccine Distribution Management System (DVDMS) etc. with following functions-

IT Systems	Services
AB-HWC portal/application	Use of AB-HWC portal / application for reporting progress and monitoring the operationalization of the AB-HWCs in terms of service delivery on a daily and monthly basis.
e-Sanjeevani portal for Teleconsultation	Teleconsultation through e-Sanjeevani, a video calling platform, provide specialist services at the peripheral centres which resolves the concerns of physical accessibility, opportunity cost and shortage of service providers and maintains continuum of care.
CPHC-NCD applications	Comprehensive Primary Health Care - Non communicable Disease (CPHC-NCD) application is operational at the AB-HWCs to maintain the individual health record with regard to registration, screening, diagnosis, treatment and establishing a continuum of care for Non communicable diseases.
Drug & Vaccine Distribution Management System (DVDMS)	DVDMS portal is being used at AB-HWCs for inventory management and efficient distribution of various drugs and vaccines.
e-Sashakt portal	A tool to plan, execute, document, report and monitor the trainings of healthcare team at AB-HWC to provide real-time update on the progression of trainings.

Urban & AYUSH AB-HWCs

AB-HWCs are also being operationalized in urban areas to strengthen the outpatient care services for urban population, supported from 15th Finance Commission-Health Grants and Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). In addition, AYUSH Health & Wellness Centres are also being operationalized across the country in coordination with Ministry of AYUSH to establish a holistic wellness model to provide informed choice to the needy public.

BUDGETARY ALLOCATIONS

An allocation of Rs.1,200 crores was announced for Health & Wellness Centres in the budget speech for Financial Year 2018-19.

The budgetary allocations (recurring and non-recurring) per centre, including untied funds, is Rs. 18.04 lakhs for Sub Health Centre-HWC (SHC-HWC), Rs. 11.63 lakhs for Primary Health Centre-HWC (PHC-HWC), Rs. 15.39 lakhs for Urban PHC-HWC and Rs. 75.00 lakhs for Urban HWC.

Besides that, support is given also under NHM for Health System Strengthening such as infrastructure, Human Resources, Drugs & Diagnostics etc.

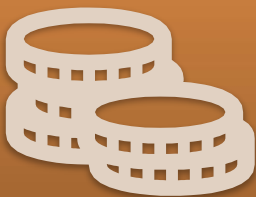
OUTCOME OF AB-HWCs

Improved Population Coverage



- The active empanelment and HWC database enables higher population coverage. In addition, database provides improved monitoring and identification of the left out population thus improving the coverage of various national health programmes and high utilisation of Public Health facilities. The number of hospital admission improved to 4.25 crore in FY 2022-23 compared to 3.27 crore in FY 2021-22.

Reduced Out of Pocket Expenditure



- The enhanced accessibility to expansive services offered in close proximity to the community, guaranteed availability of medications and diagnostic services, and linkages for care coordination with Medical Officers/Specialists across levels of care reduces the out of pocket health expenditure. As per NFHS-5 (2019-21) Out of Pocket Expenditure declines to Rs. 2,916 from Rs. 3,197 as per NFHS-4 (2015-16).

Enhanced Services including provision of Tele-consultation



- The expanded package comprising 12 services are aimed to be provided by AB-HWCs includes screening, prevention, control and management of non-communicable diseases, care for common eye and ENT problems, basic oral health care, elderly and palliative health care services, emergency medical services and screening and basic management of mental health ailments. Besides, AB-HWCs have the facility of e-Sanjeevani. Through e-Sanjeevani AB-HWC – the Doctor-to-Doctor telemedicine service, beneficiaries visiting a HWC can virtually connect to doctors. As on 31st March 2023, more than 10.76 crore Tele-consultations have been provided through 15,791 Hubs and 1,15,327 Spokes via e-Sanjeevani portal .

Decongestion of secondary and tertiary health facilities



- The strong network of HWCs at the sub district level facilitates enhanced case solving at primary level, thus, reducing the overcrowding and burden on the secondary and tertiary facilities.

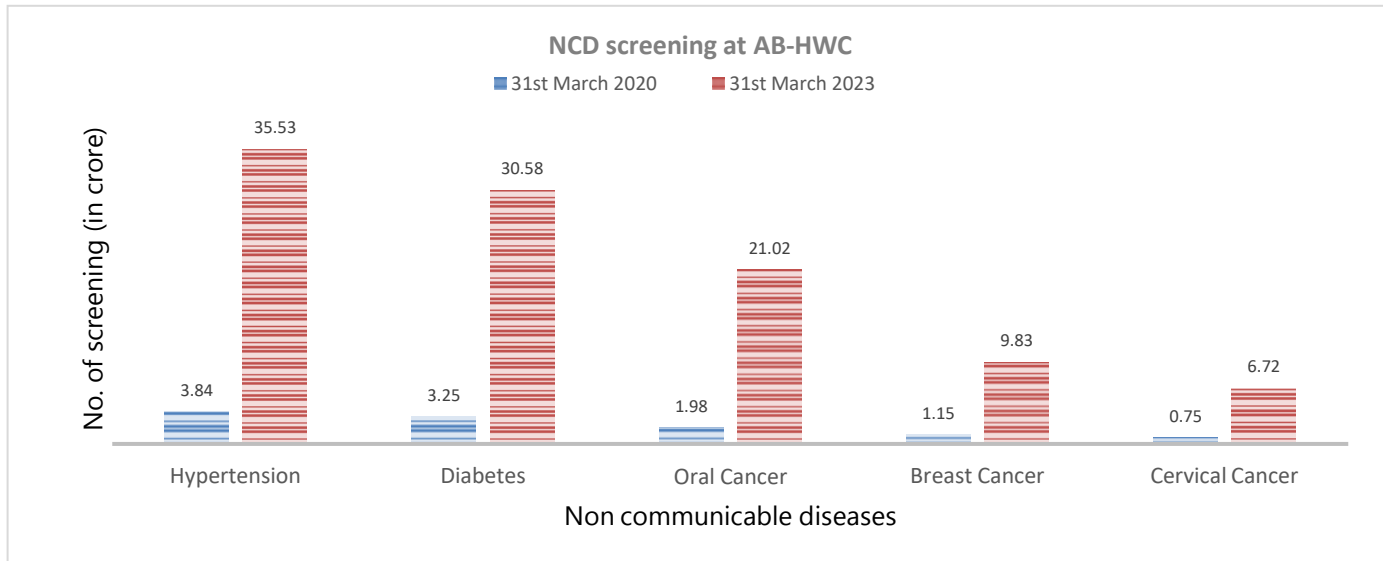
IMPACT SO FAR

The AB-HWC reform has created a large impact so far and continues to play a positive role in creating awareness and ensuring that people avail various health care services.

- As of 31st March 2023, a total of 1,59,526 AB-HWCs are functioning in India, and subdivisions are:



- In December 2022 the target of transforming 1.5 lakh Sub-Health Centres (SHCs) and Rural and Urban Primary Health Centres (PHCs) to AB-HWCs across India was achieved.
- Screening of Non-Communicable Diseases has shown considerable increase in the number of people availing diagnostic services:



- Number of Tele-consultations conducted through e-Sanjeevani is 10.76 crores as on 31st March 2023.
- As on 31st March 2023, the footfall at AB-HWCs is more than 155.73 crores and over 1.85 crore wellness sessions have been conducted at AB-HWCs.
- To complement the expanded range of services at AB-HWCs, list of essential medicines has been expanded as 105 at SHC-HWC & 171 at PHC-HWC and essential diagnostics have been expanded as 14 at SHC-HWC & 63 at PHC-HWC.

SUCCESS STORIES

Record tele-consultations through Health Ministry's flagship telemedicine service - "e-Sanjeevani"

A record 5 lakhs tele-consultations were registered on 8th December 2022 through flagship telemedicine scheme of Union Health Ministry- "e-Sanjeevani. It has two variants – e-Sanjeevani AB-HWC for assisted teleconsultations and e-Sanjeevani OPD for direct teleconsultations. The first variant works on a Hub and Spoke model wherein AB-HWC at SHC/PHC serves as spokes which are mapped with the hub (comprising MBBS / Speciality / Super-Speciality doctors) at zonal level. It enables doctor to doctor teleconsultation where a specialist doctor in the district hospital or medical college hospital connects with a General doctor / Community health officer with patient on the other side. The platform has facilitated access to healthcare services through a network of more than 1.15 lakhs spokes connected to more than 15,000 hubs across the country.

Mrs. Prathima, beneficiary from Karnataka shares that "the CHO counselled me on diet and regular exercise and gave medicines after a teleconsultation with the PHC doctor. I delivered the baby without any problems," she adds.

Another vertical of the initiative, e-Sanjeevani OPD caters to both rural and urban alike. Herein, technology is used via smartphones, tablets, laptops enabling doctor teleconsultation which can be accessed at patient's residence. Under this, about 98,000 OPD teleconsultations services have been provided by e-Sanjeevani OPD so far.

TB Mukht Bharat Abhiyaan at Ayushman Bharat Health & Wellness Centres (AB-HWCS)

Among communicable diseases, TB services are among the most important activity that have been decentralized to the AB-HWCs for bringing patient care closer to the community. AB-HWC teams conduct community and health facility-based screening for TB, sample collection for diagnosis and treatment initiation through telemedicine, dispensing TB drugs and supporting TB patients in treatment completion. These efforts contributed in increased testing rates for TB and improved TB detection rates, thereby reducing the gap in missing cases. AB-HWCs organize Ni-kshay Diwas – one fixed day every month to ensure the complete access to TB services for patients like testing for drug susceptibility, DBT, Co-morbidity testing for Diabetes, HIV, drug refills, etc. Further, AB-HWCs are also involved in the Pradhan Mantri TB Mukht Bharat Abhiyan by facilitating the distribution of nutrition kit distribution by the identified Ni-kshay Mitras for the beneficiaries in their area.

These efforts at AB-HWCs helped in delivering patient centric care and contributed to reduction in incidence of TB (196/1,00,000) and mortality (23/1,00,000) for India, as per the India TB Report 2023.

"Never lose hope, you're a champion and you'll make your parents proud by defeating TB disease and passing the 12th class exams with flying colours, these words of Dr Rajni, Community Health Officer always echo in my ears and give me the impetus to keep fighting" Kajal, Kumari, a person with TB benefited from HWC Arabram, Ranchi district, Jharkhand.

Screening and management of Non-Communicable Diseases

NCD care including screening, diagnosis, management and follow up through teleconsultation, now being rendered closer to people's homes through Ayushman Bharat Health and Wellness Centres reduces hardships for the patient and they are elated to get their Hypertension & Diabetes checked closer to the homes, as narrated by Masrat Begum (J&K). "My name is Masrat Begum. I was screened for common NCDs at AB-HWC and was provided free medicines for my treatment. I was also given health education on the prevention of diabetes, hypertension, and cancer. I was advised to do regular exercise for maintaining good physical health and do yoga/ meditation for keeping good mental health".

Health promotion & wellness

Beyond the management of illnesses, AB-HWCs have been focusing on wellness ensuring wellbeing of the community. Initiatives like regular Yoga sessions, Zumba sessions, cyclothons, walkathons, tournaments for local sports, etc. have improved people's participation 'Jan bhagidari' and encouraged citizens to take command of their own health, evident as per a community member in Meghalaya who has not only adopted wellness for his healthy life, but also promoted wellness among the peers. So far, more than 1.85 crore wellness sessions have been conducted at these AB-HWCs. Shri.Pristine Dohling, a resident of Meghalaya, discovered the benefits of practicing yoga in his own life and was inspired to share it with his peers.

Health Melas are being organized every month on 14th day at all functional AB-HWCs in rural and urban areas to optimize the utilization of healthcare services and improve the community participation through various health promotion activities such as Cyclothons, Arogya Sabha, Nutrition kits distribution to TB patients, Wellness sessions etc.

WAY FORWARD

The AB-HWC is an aspiring reform which aims to completely transform the health care system while encouraging equity, transparency and accountability. The effort of the government to work towards providing comprehensive services such as maternity care, diagnostic services and other components of health care services such as those addressing mental health, non-communicable diseases, palliative and rehabilitative care becomes the need of the hour considering the changing disease burden. The effective implementation of AB-HWC will enable the country to achieve Sustainable Development Goal 3 - Good Health and Wellbeing and Target 5.6 of Sustainable Development Goal 5 – Gender Equality which deals with universal access to reproductive rights and health. However, reforms are needed for the effective implementation.

A shift from ad-hoc mechanism to a more comprehensive and structured planning and vision in the health system is the need of the hour. In terms of financial planning, strict allocation of two thirds of State health budget to primary care is required. On the other hand, though wellness serves as an important component of AB-HWCs, more effective measures are needed by the States to explore various wellness activities and work towards awareness and promotion. A greater engagement of community in health and wellness activities are required for strengthening the outreach. It can be said that India is on the right path to achieve universal health coverage and improve the lives of the people but more efforts are required for the best outcomes.

DISCUSSION POINTS

- Ensuring adequate human resources: Community Health Officers, and Female and Male Multipurpose workers at SHC- HWC and medical officers at PHC-HWC.
- Moving to expanded range of services from existing delivery of services related mostly to women and children.
- Ensuring procurement of IT hardware to enable a system of digital records to improve appropriate referrals and continuum of care.
- Ensuring adequate supplies of medicines particularly for NCDs to respond to increasing footfalls.
- Issues of governance and capacity, especially in the high focus States.

LIST OF ABBREVIATIONS

S.No.	Abbreviations	Details
1	AB-HWC	Ayushman Bharat-Health and Wellness Centre
2	CPHC	Comprehensive Primary Health Care
3	HR	Human Resource
4	IT	Information Technology
5	NDHM	National Digital Health Mission
6	JAS	Jan Aarogya Samiti
7	NHM	National Health Mission
8	MoHFW	Ministry of Health & Family Welfare
9	NHSRC	National Health Systems Resource Centre
10	SHRC	State Health Resource Centre
11	DPM	District Programme Manager
12	BPM	Block Programme manager
13	BMO	Block Medical Officer
14	ASHA	Accredited Social Health Activist
15	MPW	Multi-Purpose Worker
16	OPD	Out Patient Department
17	SHC	Sub Health Centre
18	GNM	General Nursing and Midwifery
19	PHC	Primary Health Centre
20	UPHC	Urban Primary Health Centre
21	NCD	Non-Communicable Disease



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**DEPARTMENT OF ADMINISTRATIVE REFORMS AND PUBLIC GRIEVANCES
MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS
GOVERNMENT OF INDIA**