Ayushman Bharat- Health and Wellness Centre: India's Biggest Step Towards Universal Health Care

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Abstract: Ayushman Bharat- Health and Wellness Centre (AB-HWC) is an attempt to deliver comprehensive primary health care to every population of this country with wide ranges of services spanning preventive, promotive, curative, rehabilitative and palliative care. At present out pocket expenditure on health is one of the biggest reasons for people falling into poverty. As per last report of National health accounts (NHA, 2016-17) the out pocket expenditure on health has lies at 58.7% in 2016-17. The absence of legislative provision of right to health and medical care and as the present health care system of India rest on only tertiary care, the Indian population are highest sufferer of MMR and IMR. The rank of India in MMR is 130 amongst the world and 60 % population of India are suffering from non communicable disease.

The ministry of health and family welfare launched the Ayushman Bharat programme on 23rd September, 2018 at Ranchi, Jharkhand. The programme has two pillars. The first one is creation of 150000 health &Wellness centre to deliver an expanded ranges of services which is universal and free for users & closeness to community focusing more on wellness and wellbeing. Till date 1,17,000 Health & wellness centre has been established in India so far and on 16th April,2022 India has celebrated 4th Anniversary of Ayushman Bharat –Health &wellness centre day. The present paper will analyse the health & wellness centre concept delivering Universal health care to the community

Keywords- Health and Wellness Centre, Comprehensive primary health care, Maternal Mortality Rate, Infant Mortality Rate.

INTRODUCTION:

In spite of different programme and health policy; India is still lacking behind in health care sector with worst indicators of maternal mortality rate, infant mortality rate and such other important indicators. India is still below amongst many developed and developing nation in ranking of such indicators. As per WHO, India ranks 120 in maternal mortality rate whereas China (29), Syria (31), Ukrain (19),Japan(5) are showed above in the list. Maternal mortality rate is the numbers of women who dies from pregnancy related causes while pregnant or within 42 days of pregnancy termination per 100000 live births. Sustainable development Goal 3.1 keeps the target to reduce global maternal death to less than 70 per 1 lakh live births. Besides it infant mortality rate and under 5 mortality in India is also very alarming. As per recent NFHS-5 report the infant mortality rate in India is estimated to be 35.2. It is much higher than South Korea, Israel etc. Besides these other conditions like prevalence of Tuberculosis, Diabetes, Hypertension, Stroke, cancer are also increasing day by day. We lose 34000 people every day for cancers, 60% people suffers from non communicable diseases (NCD) as per government data. The women are highest vulnerable and fell prey to various life threatening diseases. NACO estimated that 2.4 million people are with HIV cases in our country. India recorded 24 lakhs tuberculosis cases and over 79000 deaths due to TB in 2019 as per annual TB report released by health ministry. According to a report published by Lancet, some 2.4 million Indian die of treatable conditions every year, the worst situation among 136 nations.

With 121 crore population, India has many challenges in providing healthcare for inaccessibility due to geographical terrain, low doctor- population ratio, less infrastructure, low capacity building, neglected primary health care etc. One studies brought to notice that only 11.5 % of household in rural areas and 4% in urban areas uses any form of OPD care at or below CHC level (except for childbirth) indicating low utilization of public health care system. India is also facing a epidemiological and demographical change where non –communicable diseases like diabetes, Cancer, COPD is estimated to be over 60% of total mortaliy. The Govt of India has introduced various schemes since post independence era to provide health care to the masses. Some such schemes are Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) programme, Rashtriya Bal Swasthya Karyakram (RBSK), The Rashtriya Kishor Swasthya Karyakram , Janani Shishu Suraksha Karyakaram , Rashtriya Swasthya Bima Yojana , Pulse Polio , Janani Suraksha Yojana *(*JSY*)* and importantly National Health mission (NHM). Amongst these various steps, govt has included recently included Ayushman Bharat scheme which will cater health care to every people of this country through a dedicated institutional setup. The new programme has received a tremendous public, political and media attention. The budget allocation to the functionaries of HWC one of the important pillar of Ayushman Bharat is also noticeable .The govt of India will create 150000 health and wellness centre to deliver a comprehensive package of primary health care as it is only affordable and effective pathway for India to universal health coverage

OBJECTIVE OF THE STUDY:

The main objective of this study is to understand the role of health and wellness centre in realising universal health care through a dedicated time bound services of skilled manpower. More the role of health and wellness centre will also be discussed in providing primary health care to the masses of Indian societ

CONCEPT OF CPHC AND AB-HWC:

India has a three tired health care system. In bottom it is primary health care and tertiary health care encompasses the top position. Though there were significant progresses made in Indian health system over the years, the World Bank group on health, nutrition and population have noted large, persistent health gap among states in a presentation submitted by World Bank to 15th finance commission. India have serious shortfall in health infrastructure and health worker. On an average, a government doctors attends to 11,082 people, more than 10 times than what the WHO recommends. The shortage of government doctor have pushed Indian to such a state where 70% of health care costs goes from pocket.

Providing health care to every citizen is a great challenge to Indian or state government. The government had launched primary health care after Bhore committee report (1946) and suggesting in the first and second national health policy statement (1983, 2000). India is also a signatory to the Alma Alta declaration for health for all in 1978. There is global evidence that primary health care is critical to improve health outcomes. It has an important role as primary and secondary prevention of several disease condition including non communicable diseases.

The national health policy, 2017 recommended strengthening of delivery of primary health care to all through establishment of health and wellness centre as the platform to deliver comprehensive primary health care and called for two thirds of health budget to primary health care.

Therefore to deliver the comprehensive primary health care in the country the govt of India introduced Health and wellness centre concept under Ayushman Bharat programme which will represent a paradigm shift in that it looks health holistically and lays significant milestone towards India's path to universal health coverage. The HWCs are bestowed upon to deliver expanded ranges of primary health care which address the basic health care needs of entire population in their areas thus expanding access, universality and equity in health service delivery. To achieve this, existing sub health centre which covers a population of 3000-5000 would be converted to Health and Wellness centre with a principle of being time to care with less than 30 minutes. The rural primary health centre and urban PHC would also be converted to HWC. The care would also been given in outreach areas of the villages or states through mobile medical units, health camp, home visit community based interaction etc with a seamless continuum of care with a principle of equity ,quality ,universality without financial constrain.

Till date 118177 nos. of HWC has been operationalzed where 90533 is SC HWC, 22924 is PHC HWC and rest 4720 are from urban PHC in India. The Indian state Uttar Pradesh has topped the list in establishing Health and wellness centre (13811) followed by Maharashtra (10464) and Madhya Pradesh (6215). In Union territory category newly created J&K has established 2216 HWC followed by Ladakh (245) upto April 2022. The union territory Delhi has not started any health and wellness centre till date. The HWC would deliver total twelve categories of services to the every people of our India. These services would be available at both SHC and in the PHC, which are transformed as HWC. The services offered at the HWC level will include early identification, basic management, counselling, ensuring treatment adherence, follow up care, ensuring continuity of care by appropriate referral, optimal home and community follow up, health promotion and prevention for the expanded range of services. The services of SC-HWC would lower the load of the secondary and tertiary care facilities as the primary care services would be made available at the HWC level closer to the community. The HWC would also play an important role in undertaking public health function in the community.

The detailed concept of AB-HWCs can be understood from below figure:

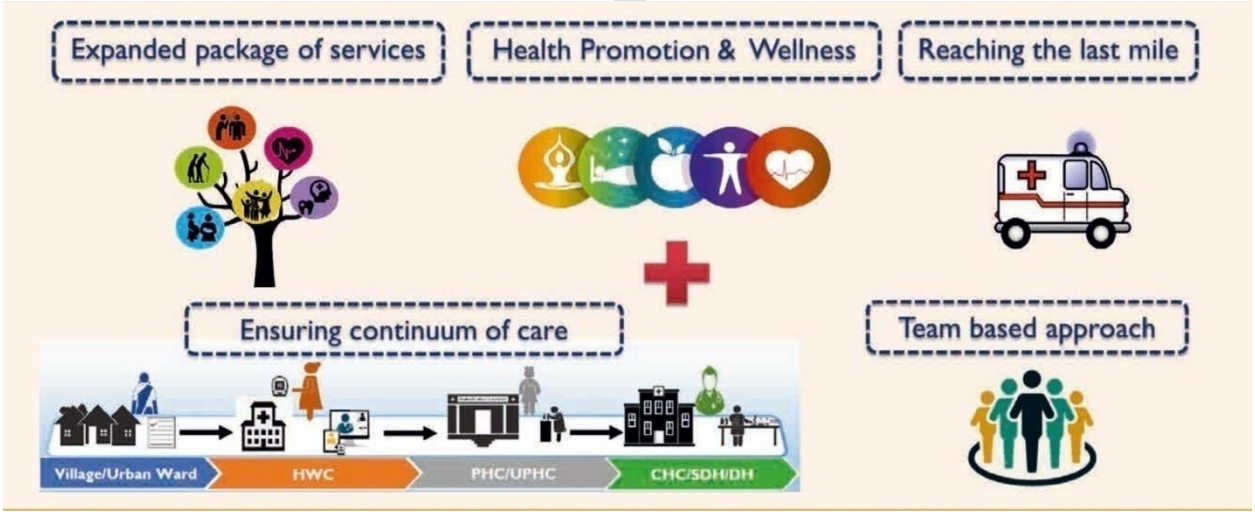

Fig-1: Detailed scenario of AB-HWC concept

KEY PRINCIPLES OF AB-HWC PROGRAMME:

The operational Guideline of AB-HWC prepared by Ministry of health and family welfare, GOI has outlined the following principles to make this concept effective for better delivery of public health services.

1. Transform existing Sub Health Centres and Primary Health Centres to Health and Welllness Centers to ensure universal access to an expanded range of Comprehensive Primary Health Care services
2. Ensure a people centred, holistic, equity sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.
3. Enable delivery of high quality care that spans health risks and disease conditions through a commensurate expansion in availability of medicines & diagnostics, use of standard treatment and referral protocols and advanced technologies including IT systems.
4. Instil the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative and palliative care.
5. Ensure continuity of care with a two-way referral system and follow up support.
6. Emphasize health promotion (including through school education and individual centric awareness) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
7. Implement appropriate mechanisms for flexible financing, including performance-based incentives and responsive resource allocations.
8. Enable the integration of Yoga and AYUSH as appropriate to people's needs.
9. Facilitate the use of appropriate technology for improving access to health care advice and treatment initiation, enable reporting and recording, eventually progressing to electronic records for individuals and families.
10. Institutionalize participation of civil society for social accountability.
11. Partner with not for profit agencies and private sector for gap filling in a range of primary health care functions
12. Facilitate systematic learning and sharing to enable feedback, and improvements and identify innovations for scale up
13. Develop strong measurement systems to build accountability for improved performance on measures that matter to people

CARE DELIVERED AT HEALTH AND WELLNESS CENTRE:

The health and wellness centre would provide the preventive, promotive , curative ,rehabilitative and palliative care through a defined mechanism of clinical are and public health function. The staffs of HWC, comprising Mid level health provider, ANM(MPW-F), MPW-M would have their defined responsibility in proving the care .The level of care of services delivered at the PHC would be higher than at the sub health centre level .The services are-

1. Care in pregnancy and child-birth- It will ensure early registration of pregnancy , Antenatal check-up including screening of Hypertension, Diabetes, Anaemia, Immunization for pregnant woman-TT, IFA and Calcium supplementation , Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy Normal vaginal delivery in specified delivery and provide first aid treatment and referral for obstetric emergencies, e.g. eclampsia, PPH, Sepsis, and prompt referral to higher centre. Adequate fund will be provided through Jana Arogya Samiti for referral of destitute and vulnerable.

2. Neonatal and infant health care services- It will carry identification and management of high risk newborn with low birth weight, preterm , with referral when required , management of birth asphyxia , identification, appropriate referral and follow up of congenital anomalies , Management of ARI/Diarrhoea and other common illness and referral of severe cases and Screening, referral and follow up any disabilities and developmental delays .Moreover it will cover important care like Complete immunization and Vitamin A supplementation.

3. Childhood and adolescent health care services- This care will embraces detection and treatment of anaemia and other deficiencies in children and adolescents , Identification and management of diseases in children such as Diphtheria, Pertusis and Measles ,prompt Management of ARI, acute diarrhoea and fever with referral as needed

4. Reproductive Health Care services- Insertion and removal of IUCD , supply of condoms, oral contraceptive pills and emergency contraceptive pills and injectable contraceptives ,Identification and management of RTIs/STIs , Identification, management with referral in cases like dysmenorrhoea, vaginal discharge, mastitis, breast lump, pelvic pain, pelvic organ prolaps.

5. Management of Communicable diseases including National Health Programmes- Diagnosis, sample collection and treatment with follow up care for vector borne diseases – Malaria, Dengue, Chikungunya, Filaria, Kalazar, Japanese Encephalitis,

TB and Leprosy, Provision of DOTS for TB and MDT for leprosy and HIV Screening ,appropriate referral and support for HIV treatment.

6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments- This care will cover identification and management of common fevers, ARIs, diarrhoea, and skin infections, scabies and abscess .Moreover identification and management with referral as needed in cases of cholera, dysentery, typhoid, hepatitis, helminthiasis and management of common aches, joint pains, and common skin conditions, (rash/urticaria)

7. Screening, Prevention, Control and Management of Non-Communicable diseases- It will comprises of screening and treatment compliance for hypertension and diabetes, with referral if needed with cancer screening for oral, breast and cervical cancer and referral for suspected cases of other cancers. The SC-HWC will refer the suspected cases to link PHC where it will be diagnosed and after getting prescription the patient will return to SC –HWC for his medicines as prescribed by MO of linkage PHC.

8. Care for Common Ophthalmic and ENT problems- This care will carry diagnosis and Screening for blindness and refractive errors and treatment of common eye problems –conjunctivitis, acute red eye, trachoma; spring catarrh, xeropthalmia as per the Standard Treatment Guideline .It will also cover management of common colds, Acute supportive otitis Media, injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis, epistaxis and early detection of hearing impairment and deafness with referral.

9. Basic Oral health care -At present in sub health centre there is no facility for oral health care. But the restructured SC-HWC will provide symptomatic care for tooth ache and first aid for tooth trauma, with referral to higher centre. It will screen for gingivitis, periodontitis, malocclusion, dental caries, dental flurosis and oral cancers, with referral and will provide continuous oral health care.

10. Elderly and Palliative health care services- Palliative care seeks to influence improvement in the quality of life of patients with incurable disease by advocating a holistic, problem-orientated approach, including symptom control. The SC-HWC will arrange for suitable supportive devices from higher centres to the elderly and disabled persons to make them ambulatory moreover it will manage common geriatric ailments; pain and will try to provide counselling with supportive treatment

11. Emergency Medical Services- The SC-HWC will provide stabilization care and first aid before referral in cases of - poisoning, trauma, minor injury, burns, respiratory arrest and cardiac arrest, fractures, shock, chocking, fits, drowning, animal bites and haemorrhage, infections (abscess and cellulites), acute gastro intestinal conditions and acute genito urinary condition and will refer the cases which needs surgical correction.

12. Screening and Basic management of mental health ailments - At present Sub health centre does not provide any mental health services but newly created SC-HWC will provide counselling, refer and follow up of patients with Mental disorders. Community Health officer of SC-HWC will dispense the medication as prescribed by the Medical officer at PHC/ CHC or by the psychiatrist at DH and will follow up the same.

Till date services from one to seven above mentioned has started in all states except union territories Delhi. However many states have started adding the above all services .Guidelines for all the 12 expanded services has been released.

Key component of CPHC programme:

1.Population Enumeration and Empanelment of Families at HWC- It is right of the every citizen to get health care in this country. To ensure equitable population coverage and to take a record of health, the ASHA with other frontline worker would create population-based household lists and undertake registration of all individuals and families residing within the catchment area of a Health and Wellness Centre. It is this registration that is referred to as empanelment. It is a right of anyone, resident in that area to be enrolled.

2. Community Engagement- The AB-HWC team will be engaged closely with the community covering all population of that village or catchment areas. It will focus on giving medical care, improving health education with continuous community visit through VHSNC meeting, VHND session or through social media platform for promotion of healthy lifestyle –diet, yoga, exercise, tobacco cessation and self care. Newly developed Jana Arogya Samiti will help in more community involvement.

3. Access to Free Primary Health Care- The ABHWC team will provide free universal primary health care to its population through twelve basic services which will cover all segments. The mid level health provider will attend OPD every day and will consult the patients attended the HWC. He will be given support from link PHC or district hospital through teleconsulation .The mid level provider or community health officer refers the complicated cases to higher level hospital with a referral note. In some state like Assam and Chhattisgarh, the community Health officers who are diploma holder in allopathic medicines and registered under state health act are seen prescribing medicine independently for common ailment. However they dispense these medicines by their own as there is no posts of pharmacist in SC-HWC. There are total 172 numbers of medicines in essential drug list (EDL) for PHC-HWC with 63 diagnostic tests. Moreover the SC-HWC provides 105 essential medicines with 14 diagnostic tests. But it varies from state to state subjects to state's own health department notification.

4. ***Robust IT System-*** The present day is digital age. Digitisation makes the record keeping easy, convenient and timely updated. The IT system include the provision of a smart phone to grass root worker like ASHA and a tablet to

MPW (Male and Female) and to community health officers which will enable registration of all individuals, keeps records of all services and outcomes. It will surely increase the quality of care and accountability. Laptop and printer has already been supplied to some HWC for teleconsulation and other reporting purposes.

5. Teleconsultation services- Teleconsultation with higher level of hospital and Doctors will make the treatment more reliable and easy and it will minimize the costs and travel hardship. E-Sanjeevani OPD application and E-sanjeevani HWC site were launched by the health ministry in November 2019 and will be implemented at all Health and Wellness Centres in connecting with state hub or with identified medical college or district hospitals by December 2022.

6. Expanded HR- Before Ayushman Bharat programme, the Sub Health Centres were occupied by only one or two MPW (female) / MPW (male) and ASHAs. However the newly upgraded Health and wellness centre will be equipped with a new cadre Mid Level Health Care Provider (MLHP). MLHP is a newer concept introduced in India after so many studies and experiences in other developing countries. The MLHP who will be designated as Community Health Officer may be an Ayurveda practitioner or a BSc nursing /GNM candidate with a 6 months certificate course of community health under IGNOU. However in some states like Assam and Chhattisgarh special cadre like Rural Health Practitioners and Rural Medical Assistant respectively are engaged as Community Health Officer. They are diploma holder in allopathic medicines under state act. They will carry the public health function as well as clinical care. Moreover the AB-HWC team will help in implementation of national programme, administration and management of HWC and supervision of fellow health worker

CONCLUSION:

Heath has been regarded as fundamental human right by the World Health Organisation (WHO). The member nations including India have consensually, considered that the enjoyment of highest and most attainable standard of health is the basic and fundamental right of every human being, irrespective of religion, race, caste, sex, creed, and political belief, social or economic condition. Meaning thereby, health is the fundamental right of all people and everyone must have access to the required services as and when the need arises. Health and Wellness centre has succeeded to imprint a positive result amongst society regarding health care. As per our prime minister Narendra Modi , “Health and Wellness Centre will work as a family doctor for the poor. Earlier there used to be a family doctor in middle class and upper class families. These wellness centres will become the extension our families. These will be associated with our day to day lives.” Till date since 2018, 85.36 crore footfall have attended OPD at Health and Wellness Centre as well as 17.93 crore screening for hypertension was conducted. It did record by treating 2.34 crore patient through teleconsulation with higher level of hospital. More than 1.02 crore wellness session have been conducted in the form of yoga and health education in these centres. The effective delivery of universal primary health care will impact directly other pillar of Ayushman Bharat through the decongestion of secondary care facility and reducing healthcare costs.

AB-Health & wellness centre will surely bring affordable, accessible, equitable and quality health care to the doorstep of every citizen though there is no doubt some hurdles of availability of human resources, infrastructure, some medical and health law and geographic inaccessibility. Therefore the states have to institutionalise the necessary policy and governance reform for building a robust health system to uplift the Health and wellness centre to make them a hub of healthy India.

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