

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA  
STARRED QUESTION NO. 121  
TO BE ANSWERED ON THE 1<sup>ST</sup> AUGUST, 2023**

**ASSESSMENT OF THE AB-HWC**

**121 SHRI ABIR RANJAN BISWAS:**

Will the Minister of Health and Family Welfare be pleased to state:

- (a) whether there is any provision or incentive for promoting public-private partnership, corporate social responsibility and social entrepreneurship under the Ayushman BharatHealth and Wellness Centres (AB-HWC);
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether there is any assessment or study on the contribution or impact of the ABHWCs on the reduction of out-of-pocket expenditure and improvement of health indicators; and
- (d) if so, the details thereof and if not, the reasons therefor?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(DR MANSUKH MANDAVIYA)**

- (a) to (d) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA  
STARRED QUESTION NO. 121 \* FOR 1<sup>ST</sup> AUGUST, 2023**

**(a) & (b)** Under National Health Mission (NHM), Ministry of Health & Family Welfare, Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems based on the proposals submitted by States/UTs in their Program Implementation Plans (PIPs). States/UTs are encouraged to contract in or outsource those services which improve efficiency and quality of care in public health facilities or close the existing critical gaps.

Support is also provisioned for healthcare services through Public Private Partnership (PPP) mode for establishing healthcare facilities. The area, which have difficulty in accessing health facilities including underserved areas, States/UTs sometimes adopt the Public Private Partnership (PPP) approach wherein management and operation of health facilities are run through partnership with not for profit organisations through a Memorandum of Understanding.

States/UTs may mobilize additional resources through Panchayati Raj Institution/ Urban Local Bodies/local NGOs/ Corporate Social Responsibility funds/ Members of Parliament Local Area Development Scheme (MPLADs) funds etc. to achieve desired outcomes of Ayushman Bharat-Health and Wellness Centres (AB-HWC).

The areas of overall supervision and monitoring of these PPP arrangements, including identification of services, private partner, terms of engagement, payment, etc. lie within the jurisdiction of the respective State Government.

**(c) & (d)** Following the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in April 2018, a formative assessment was undertaken by NITI Aayog in 18 states (Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Sikkim, Tripura and Uttar Pradesh) across the country to assess the progress and challenges of AB-HWC implementation.

The objectives of the assessment included review of the success of key initiatives i.e. Human Resources, Medicines and Diagnostics, Information Technology etc. and measuring early gains of strengthened primary health care services including patient satisfaction.

The key findings are as under:

- The launch of the AB-HWC scheme has facilitated the transition from selective to comprehensive primary healthcare, as outlined in the National Health Policy 2017.
- There has been an improvement in equitable access to healthcare.
- Primary-level facilities have improved their readiness to deliver care for non-communicable diseases (NCDs) and other services beyond NCDs (Eye, ENT, oral, elderly, palliative, and mental health services).
- There has been an improved availability of diagnostics and medicines at HWCs, especially for NCDs.
- The continuum of care (referral and tracking of patients) has improved between SC-HWC and PHC-HWC.
- Gradual uptake of teleconsultation using e-Sanjeevani platform was reportedly useful.
- The addition of CHOs has enhanced the capacity of HWCs to provide an expanded range of services.
- Clients have shown higher satisfaction with services provided by HWCs compared to non-HWCs, particularly in the areas of treatment, medicines, diagnostics, and cleanliness.
- Additionally, several achievements have been observed, including the development of conversion plans and roadmaps by all states, the timely flow of funds from the central government, the use of performance-based payments for Community Health Officers (CHOs), and the implementation of teleconsultation services using e-Sanjeevani software.
- Anecdotal evidence from interviews with workers and patients revealed that decreased need for travel for care and increased availability of medicines and diagnostics was probably leading to a reduction in OOPE.

The link of the report is given below:

<https://nhsrcindia.org/sites/default/files/2022-05/AB-HWC%20Report%20-%20FINAL%20-%20May%202013.pdf>

Further, A third party assessment of delivery of healthcare services by Sub Health Centres and Primary Health Centres before and after transformation into AB-HWCs was recently undertaken in the States of Uttar Pradesh and Bihar from December, 2022 to January, 2023.

The key findings are as under:

- The availability of a Community health officers (CHO) has enabled increased access to service delivery- beyond the existing RMNCH and infectious diseases, to include screening for hypertension and diabetes, as well as increasing footfalls, particularly at the HWC-Sub Health Centres.
- There has been an outstanding improvement in the existing services for Mother and Child health.
- The availability of medicines and diagnostics has improved significantly as has the use of telemedicine and other digital technologies to ensure a continuum of care.
- Greater coverage of NCD screening has been provided at AB-HWCs as compared to sub centres that were not upgraded as Health & Wellness Centres

As per the National Health Accounts Estimates report:

- The share of primary healthcare expenditure in Government Current Health Expenditure has increased by almost 5 percentage points between 2013-14 and 2019-20 (from 51.1% to 55.9%).
- Out of Pocket Expenditure (OOPE) as a share of Total Health Expenditure has declined by 17 percentage points during the same period (from 64.2% to 47.1%).

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