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A Systematic Review on Strengthening the Primary Health Centre System In India Through Health and Wellness Centres, Under Ayushman Bharat Program (ABP)

Khiumajuliu Abonmai[1]*, Sunil Kumar Dular[2], Rekha Chhillar[3]
[1]PG Tutor, SGT University, Gurugram, Haryana, India
[2]Professor, SGT University, Gurugram, Haryana, India
[3]Assistant Professor, SGT University, Gurugram, Haryana, India
Correspondence Email: ajuabonmai18@gmail.com

ABSTRACT

The "Ayushman Bharat Program," also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), is the Government of India's main National Health Protection Scheme, which was financed and started in 2018. By December 2022, the Health and Wellness Centres (HWCs) component of ABP plans to renovate and make operational 150,000 existing Government Primary Health Care Facilities. The first HWC opened on April 14, 2018, and by March 31, 2020, there were 38,595 AB-HWCs in service in India. The essay examines the progress made thus far and the potential of HWCs to improve Primary Health Centre (PHC) services and, as a result, enhance Universal Health Coverage(UHC) in India. Through access to HWC, PMJAY encapsulates a progression towards promotive, preventive, palliative, and rehabilitative aspects of UHC. PMJAY provides coverage for over 1350 medical services, as well as medication and diagnostic expenditures. It required the cooperation of the federal government and states, as well as the use of technology to manage the system and the participation of private sector hospitals and insurers in order to provide accessible and affordable healthcare to a large proportion of the population. The goal of this study is to look at the PMJAY programme and see how it may help and strengthening India's Primary Health Care System by establishing HWC. We searched websites and online database. We included the articles that provide some information regarding how to conduct systematic review for review. We extracted some summary and recommendations. The development of HCWs is a key move by the Indian government toward achieving the objective of UHC, and it might enhance the delivery of primary health care.India's experience might teach low-income and middle-income nations how to enhance primary healthcare in their quest for UHC.
Keywords: Pradhan Mantri Jan Arogya Yojana (PMJAY), Health and Wellness Centres (HWC), Ayushman- Bharat Health and Wellness Centres (AB-HWCs), Universal Health Coverage (UHC), Primary Health Centres (PHC), Urban Primary Health Centres (UPHC) Government of India (GOI)

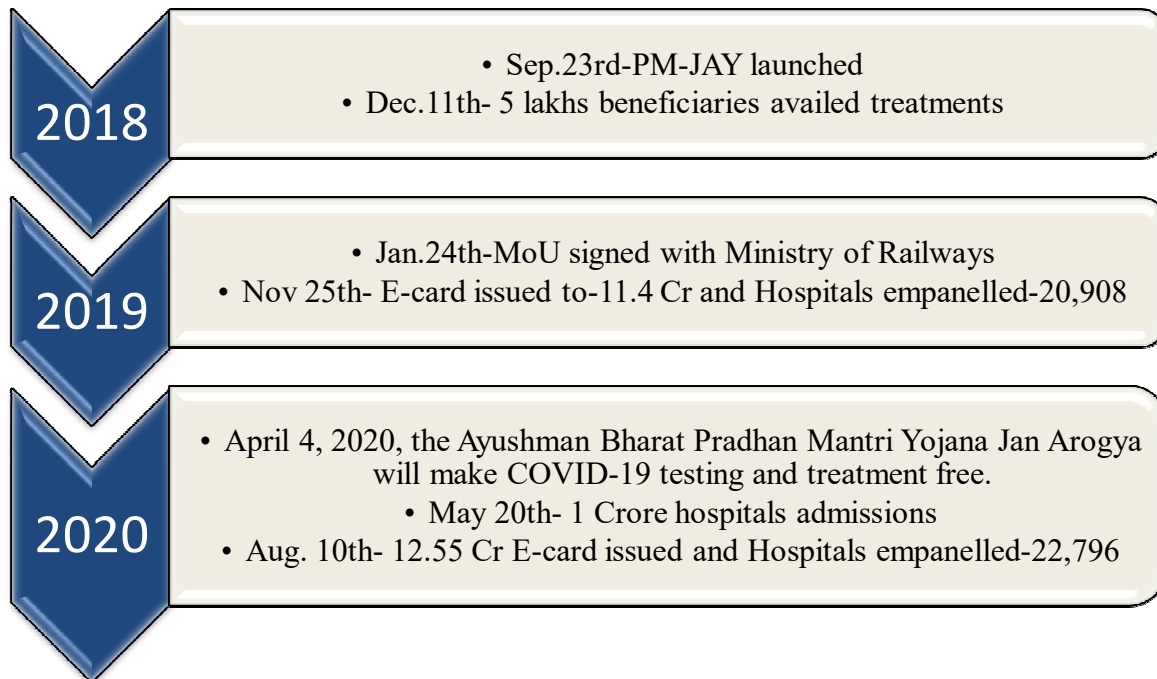Received 06.08.2022   Revised 15.11.2022   Accepted 17.12.2022

INTRODUCTION

The firming up of PHC [1] and the accomplishment of UHC [2] are significant existing universal health policy. The importance of enhancing primary health care in India was originally emphasised in the Bhore Committee Report of 1946 [3]. The Alma Ata Declaration for Universal Health Care, signed in 1978, also includes India as a signatory [4]. Universal Health Coverage was identified as a priority aim in the Twelfth Five Year Plan, which called for a 70% financial commitment to Primary Health Care in order to achieve UHC for India. The 2017 National Health Policy proposed that "Health and Wellness Centres" be established as a platform for delivering Comprehensive Basic Health Care, and that Primary health care should get two-thirds of the health-care budget. In February 2018, the GOI stated that one of Ayushman Bharat's two components will be the creation of 1,50,000 Health & Wellness Centres (HWCs) by converting current Sub Health Centres.

Primary health care is essential for achieving our shared global objective of Universal Health Coverage (UHC) and the health-related Sustainable Development Goals (SDGs) [5]. UHC is required for every individual, family, communities, healthcare workers, family physician, etc. to have access to affordable, high-quality health care.India has already made progress in strengthening CPHC and achieving UHC by committing resources and efforts under Prime Minister Narendra Modi's flagship Ayushman Bharat project [6].

By 2022, the programme aims to transform 150,000 existing Sub-Health-Centers (SHCs), PHCs, UPHCs into AB-HWCs, as well as the Pradhan Mantri Jan Arogya Yojana (PMJAY) (Figure 1), in which more than

107.4 million poor and susceptible families are covered by this programme [7]. Since independence, India's primary health care system has grown, and there are now approximately 200,000 Government Primary Health Care Facilities (GPHCFs) across the country, including in rural and urban regions [8].

2018
- Sep.23rd-PM-JAY launched
- Dec.11th- 5 lakhs beneficiaries availed treatments

2019
- Jan.24th-MoU signed with Ministry of Railways
- Nov 25th- E-card issued to-11.4 Cr and Hospitals empanelled-20,908

2020
- April 4, 2020, the Ayushman Bharat Pradhan Mantri Yojana Jan Arogya will make COVID-19 testing and treatment free.
- May 20th- 1 Crore hospitals admissions
- Aug. 10th- 12.55 Cr E-card issued and Hospitals empanelled-22,796

Figure 1. Pradhan Mantri- Jan Arogya Yojana (PMJAY) Milestone [9]

On April 14, 2018, the first HWCs were introduced at Jangla village, Bhairamgarh tehsil, Bijapur district, Chhattisgarh, India [10]. Table 1 summarises the major HWC-related incidents in India. The Indian government declared that current 150,000 GPHCFs in the country will be operational by December 2022 as part of the ABP's HWC components. AB-HWCs are an improved version of current GPHCFs such as Health Sub-Centers (HSCs), Primary Health Centers, and Urban Primary Health Centers (UPHCs). Table 2 summarises the services offered by AB-HWCs.

Table 1. Health and Wellness Centres Evolution in India [11-13]

Timeline	Specific development
July to December 2013	First HWCs were discussed in India
2015–16	In India, the Task Force on Primary Healthcare suggested the creation ofHWCs, with preliminary design proposals.
2017	HWCs will be established as part of the Union Budget announcement.
2018	HWC is one of two pillars of the Ayushman Bharat (AB)programme, whichwas introduced in the Union Budget on February 1, 2018.
14 April 2018	The first AB-HWC in India was inaugurated at Jangla, Chhattisgarh.
31 March 2019	In India, a total of 17,149 AB-HWCs have been rendered operational. There are 8,801 PHC, 6,795 HSCs, and 1,553 UPHCs that have been transformed to Health Workplace Clinics (HWCs).
2019–20	In the current fiscal year, 25,000 more AB-HWCs will be installed, with all UPHCs being converted to HWCs. By the end of 2020, a total of 38,595 HWCs will have been established.
31 Dec 2020	In India, 150,000 AB-HWCs are expected to be operational by 2020.
19 Feb 2022	The cumulative target of 1,10,000 AB- HWCs to be achieved by March 31, 2022.

Health and wellness centres in India provide comprehensive health-care services
1. Prenatal and postnatal care
2. Neonatal and infant health-care services
3. Health-care services for children and adolescents

4. Reproductive health-care facilities such as contraception, and other Services.

5. Controlling communicable illnesses, which includes NHP

6. Outpatient care for acute uncomplicated illnesses and mild disorders, as well as the management of common communicable infections

7. Tuberculosis and leprosy screening, prevention, control, and management

8. Treatment for common ophthalmic and ENT issues

9. Oral health basics

10. Health-care services for the elderly and palliative patients

11. Medical assistance in an emergency

12. Mental health screening and basic management [14]

Table 2. Service provision through AB-HWCs [15-16]

Sr. No.	Services through existing GPHCFs	Services added as part of AB-HWCs
1.	General OPD care for mild diseases and acute uncomplicated illnesses	Non-communicable disease screening and management
2.	Services for family planning and other reproductive health issues	Mental health screening and basic treatment
3.	Health services for newborns and infants	Treatment for common ophthalmic and ENT issues
4.	Pregnancy and childbirth care	Basic Dental care
5.	Services for children and adolescents' health	Services in the fields of geriatrics and palliative medicine
6.	National health-care programmes provide services for communicable illnesses.	Emergency medical services and basic trauma treatment

DISCUSSION

HWCs are located in close proximity to the community, and by enhancing the quality of care provided and expanding the range of services offered, access to health should improve [17]. After the National Rural Health Mission (NRHM) in 2005, [18] AB-HWC may be considered the second wave of PHC reform in India. Because of a number of variables, this effort has a better chance of succeeding than any of the previous ones. The most crucial is that between 2005 and 2018, AB-HWCs began taking use of an already enhanced and established PHC infrastructure via NHM. Other considerations include the continued focus on developing UHC and increased civil society participation and engagement in health [19].

A new Corona virus (SARS-CoV2) illness, also known as the COVID-19 pandemic, is expected to strike the world in early 2020 [20]. According to experience from countries affected at the start of the pandemic, symptomless individuals visiting hospitals for non-COVID-19 health reasons resulted in the spread of illnesses to many more people attending the same institution for a different health concern. Learning from these experiences, most private institutions in India were either partially functional or totally closed. The present pandemic has highlighted the importance of better PHC and is proof that the world requires better health systems. In those nations with inadequate health systems and basic health care facilities, epidemics and pandemics can further destroy those settings, as happened during the Ebola epidemic [21].

During the COVID-19 pandemic [22], home distribution of medications was permitted [23]. These efforts might be maintained by AB-HWCs, and they have the potential to transform the way PHC services are delivered in the future. According to COVID-19, ensuring a healthy population in the future would include strategies such as public education on hand washing, cough etiquette, personal cleanliness, and physical separation. In India, mental health concerns are a serious public health concern. Mental health services, on the other hand, are in short supply in the country [24]. Not only does India face insufficient health resources for its huge population, but it also faces significant social opposition to the concept of health insurance [25].

Recent advances in scheme: On April 4, 2020, the Ayushman Bharat Pradhan Mantri Yojana Jan Arogyawill make COVID-19 testing and treatment free. To combat increasing chronic non-communicable illnesses like diabetes and obesity, the Ayushman Bharat Program wants to improve its health programme by merging traditional medical therapy with allopathy at public health centres (PHCs) in a large way. To combat the growing prevalence of chronic lifestyle illnesses [26]. The Ayush Ministry has decided that under Ayushman Bharat, which will be established by the Ministry of AYUSH to provide comprehensive health care to the poor, 10% of sub-centres would be upgraded to HWCs. In three years, the Ministry of AYUSH must establish a total of 12,500 HWCs [27]. Companies have an incentive to deny valid claims under the insurance model [28].

The key to improving and strengthening India's health-care systems
A few actions can help improve the efficacy of the implementation:
1. The ability to shift the focus away from disease-specific and targeted efforts and toward people-centred integrated services and financial protection. The endeavour to enhance the health system was one of the elements of NHM in India. Converging the ABP and NHM in the future would be advantageous to improving both supply and demand-side concerns and achieving a better health system in all states of the country.
2. Ongoing measures like free medications and diagnostics, grading up services in metropolitan areas, increasing noncommunicable disease care, and enhancing referral connections at all levels of institutions should be given continued focus. Some urban areas have poorer health outcomes than rural areas, and urban inhabitants face additional issues which are health concerns [29].
3.Initiatives like 'Mohalla Clinics' must be seriously explored and aimed at extension in other Indian cities [30-31]
4.Collaboration with the community and civil society organisations will be essential. This can assure responsibility and continuity, as well as a quick scale-up of projects and the inclusion of health on the election agenda. The effectiveness of ABP will also be determined by how well the planned activities in ABP are linked to other government flagship initiatives and priority programmes [32].
5.By Creating institutional structures to bring stakeholders together such as the Central Council of Health and Family Welfare (CCHFW), for non-governmental stakeholders with modest stakes [33].
6. Maintain an emphasis on increasing government health-care spending- The universal implementation of two components of the "Ayushman Bharat Program" is expected to cost about Rs. 70-100 thousand crores in the coming years. This increased investment in health would be consistent with the National Health Policy's 2017 objective of the government spending 2.5 percent of GDP on health by 2025 [34-36].
7.The state government should take the lead in developing UHC and looking into the legislative framework for PM-RSSM- Examining current legal provisions and seeking new ones to meet stated policy goals might help India attain universal health coverage. Legislative support has been credited in part for the long-term viability and sustainability of social health insurance systems in India.In the long term, it would be beneficial to weigh the benefits and drawbacks of include health in India's constitution's concurrent list [37-39].

SUMMARY
The first HWC opened on April 14, 2018, and by March 31, 2020, there were 38,595 AB-HWCs in service in India. PMJAY encapsulates a progression towards promotive, preventive, palliative, and rehabilitative aspects of UHC by providing access to HWC at the primary level and financial protection for accessing curative care at the secondary and tertiary levels through collaboration with both the public and private sectors. COVID-19 testing and treatment will be free beginning April 4, 2020, under the Ayushman Bharat Pradhan Mantri Yojana Jan Arogya.To combat increasing chronic non-communicable illnesses like diabetes and obesity, the Ayushman Bharat Program wants to improve its health programme by merging traditional medical therapy with allopathy at public health centres (PHCs) in a large way. The COVID-19 challenge should be utilised to offer larger public health messages and services, with the PHC system being the most appropriate and cost-effective way. Emphasis on effective and functioning referral connections, continuous learning's, innovations, effective connection and coordination is highly needed in the Indian Health systems.

CONCLUSION
The goal of HWCs is to expand on the work that has already been done under the NRHM/National Health Mission (NHM). The Ayushman Bharat Program looks to be a well-balanced strategy, combining basic healthcare with secondary and tertiary care. The efficacy and success of the programme will be determined by a quick transition from policy to implementation. The COVID-19 pandemic has highlighted the importance of bolstering basic health care as soon as possible. Other poor and middle-income nations can learn from India's experience in strengthening primary health care as they work toward universal health coverage.

Conflict of Interest
No conflict of interest

Declaration of competing interest

The authors confirm that the conclusions of this review paper are not influenced by personal or financial interests.

Authors' Contribution

NG: The entire manuscript was physically authored, and a comprehensive literature review was conducted.

VR: Figures were created, a structured abstract was written, and references were established.

KD: Provided suggestions, corrected a few errors, final reviewing of this manuscript

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