

# STRENGTHENING HEALTHCARE

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Prime Minister Narendra Modi launched the Ayushman Bharat Health Infrastructure Mission on October 25, 2021. | Photo Credit: [PTI](#)

[COVID-19](#) exposed several weaknesses in India's underfunded health system. Rural primary care is underfunded and has shortages of staff, equipment, drugs and infrastructure in many parts of the country. Urban primary healthcare has still not emerged as an active programme in many States. District and medical college hospitals suffer shortages of specialist doctors and support staff.

The private sector ranges from advanced tertiary care hospitals in big cities to informal and often unqualified care providers in villages. During the pandemic, it could not assuredly provide affordable care or deliver vaccines in large parts of India. There was a disconnect between the various levels of care within the public system, and the private system operated in a separate universe. Most government-funded healthcare insurance programmes did not cover outpatient care. This patchwork quilt of a mixed healthcare system frayed fast when challenged by the surging second wave of the virus.

## Preparing for outbreaks

Alerted by the experience of the first wave of 2020, the government proposed in the Budget greater investment in the health system. The Fifteenth Finance Commission too recommended strengthening of urban and rural primary care, stronger surveillance systems and laboratory capacity as well as creation of critical care capacity at different levels of the health system. The [Pradhan Mantri Ayushman Bharat Health Infrastructure Mission \(ABHIM\)](#), announced recently, links these elements. It will support infrastructure development of 17,788 rural health and wellness centres (HWCs) in seven high-focus States and three north-eastern States. In addition, 11,044 urban HWCs will be established in close collaboration with Urban Local Bodies. The various measures of this scheme will extend primary healthcare services across India. Areas like hypertension, diabetes and mental health will be covered, in addition to existing services. Concomitantly, the network of centres will build a trained public health workforce that can perform routine public health functions while responding to a public health emergency.

Support for 3,382 block public health units (BPHUs) in 11 high-focus States and establishment of integrated district public health laboratories in all 730 districts will strengthen capacity for information technology-enabled disease surveillance. To enhance the capabilities for microbial surveillance, a National Platform for One Health will be established. Four Regional National Institutes of Virology will be established. Laboratory capacity under the National Centre for Disease Control, the Indian Council of Medical Research and national research institutions will be strengthened. Fifteen bio-safety level III labs will augment the capacity for infectious disease control and bio-security.

Many non-COVID-19 patients were denied treatment during the pandemic, as hospitals were crowded. Critical care hospital blocks, with 50-100 beds, will be established in 602 districts, to enable care for those with serious infectious diseases without disrupting other services. In non-pandemic situations, this capacity will be utilised for providing critical care for other disease conditions. For enhancing the level of disaster response readiness, 15 health emergency operation centres and two container-based mobile hospitals will be created.

## Centre to launch two mobile hospitals

There is a need to train and deploy a larger and better skilled health workforce. Upgraded district hospitals offer the best opportunity for creating new training centres. Public health expertise will be needed for programme design, delivery, implementation and monitoring in many sectors that impact health. We must scale up institutional capacity for training public health professionals.

To provide a continuum of care at different levels, HWCs will be linked with the Pradhan Mantri Jan Arogya Yojana, for all entitled beneficiaries. The hub-and-spoke model of block, district, regional and national public health laboratories will enable effective microbial surveillance. Private sector participation in service delivery may be invited by States, as per need and availability.

## Health benefit package under Ayushman Bharat revised

ABHIM, if financed and implemented efficiently, can strengthen India's health system by augmenting capacity in several areas and creating a framework for coordinated functioning at district, state and national levels. It can enable data-driven decentralised decision-making and people-partnered primary care at the block level while strengthening national connectivity for delivering universal healthcare. Many independently functioning programmes will have to work with a common purpose by leaping across boundaries of separate budget lines and reporting structures. That calls for a change of bureaucratic mindsets and a cultural shift in Centre-State relations. Perhaps the platforms for active citizen engagement can catalyse both.

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The advancement of Hindutva offers residual space to symbols of Buddhism and downplays its revolutionary potential

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