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# Polity

## Importance of Ayushman Bharat Health Infrastructure Mission?

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27 <sup>th</sup> November 2021	Paper 1 Full Syllabus	FLT 1
4 <sup>th</sup> December 2021	Paper 2 Full Syllabus	FLT 2
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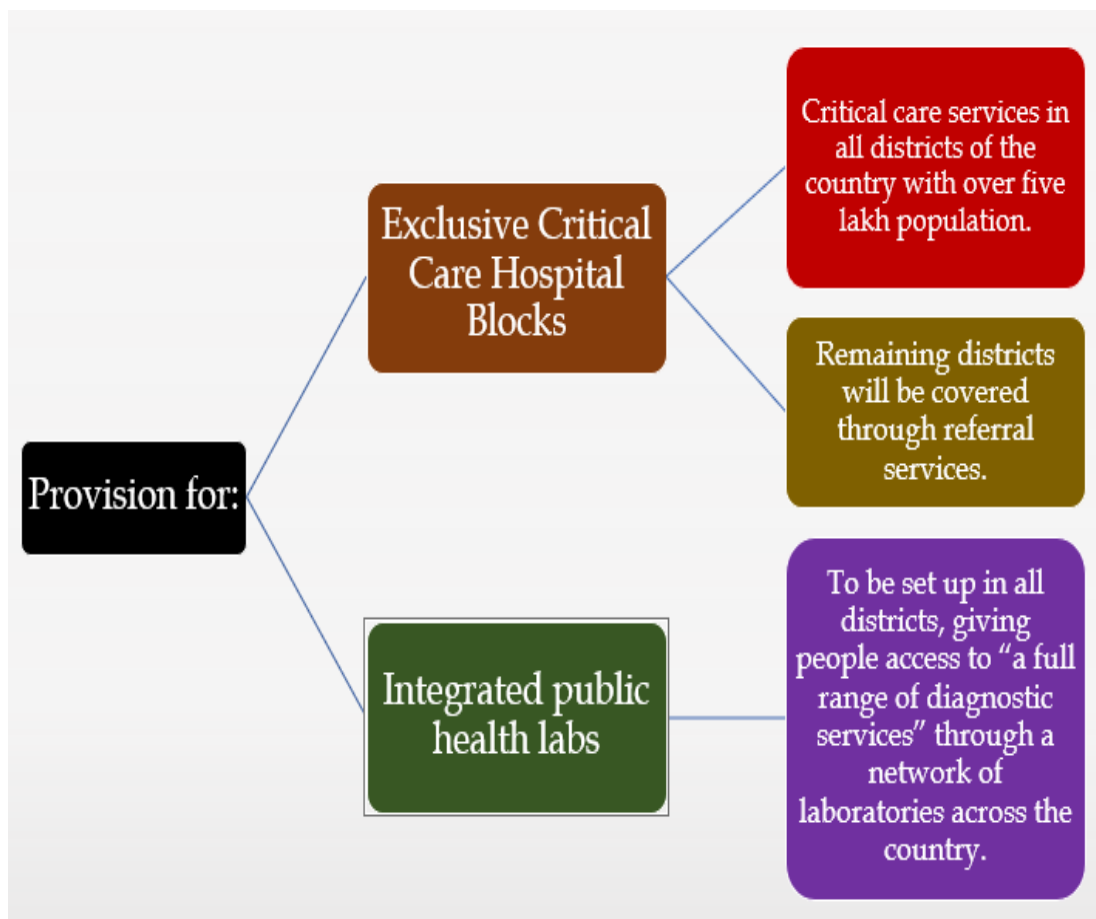
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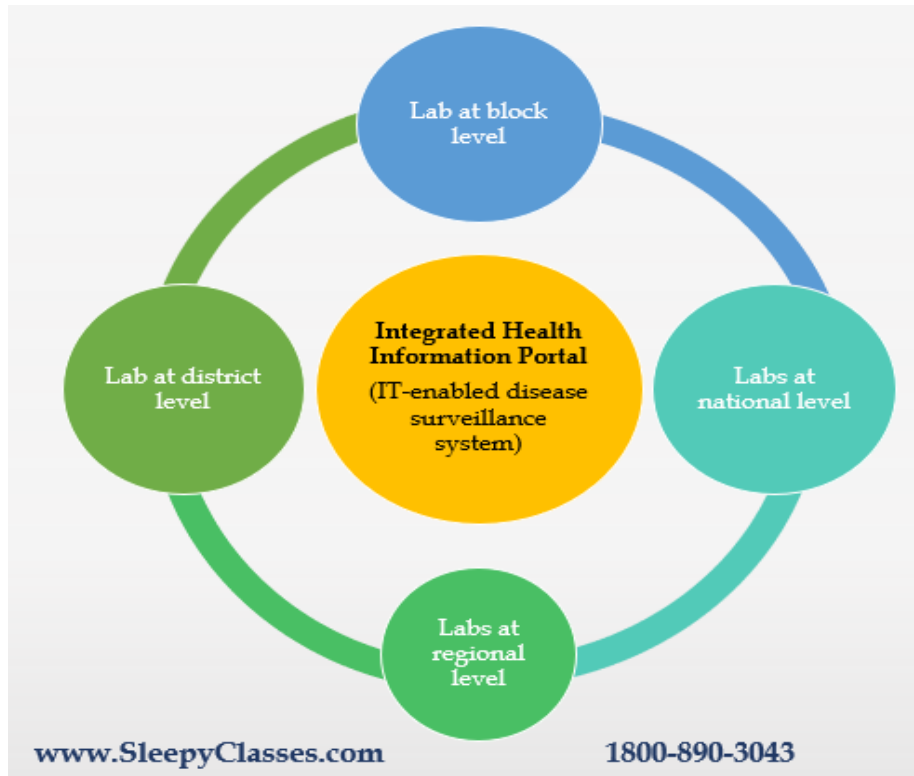


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## What is Ayushman Bharat Health Infrastructure Mission ?

- The **Ayushman Bharat Health Infrastructure Mission** is aimed at ensuring a robust public health infrastructure in both urban and rural areas, capable of **responding to public health emergencies or disease outbreak**.
- The mission's objective is to *"fill critical gaps in public health infrastructure, especially in critical care facilities and primary care in both the urban and rural areas."*
- It is being touted as "India's largest scheme to scale-up health infrastructure". The Ayushman Bharat Health Infrastructure Mission *is an addition to the National Health Mission*, will provide support to:
  - 17,788 rural Health and Wellness Centres in 10 'high focus' states and
  - establish 11,024 urban Health and Wellness Centres across the country.





- The mission aims at ensuring a robust system for “detecting, investigating, preventing, and combating public health emergencies and disease outbreaks”.
- For this, 17 new public health units will be set up, while the 33 existing public health units will be strengthened. It will also train frontline and healthcare workers to respond to public health emergencies effectively.
- Apart from this, the mission will set up other infrastructure:
  - 4 national institutes for virology,
  - 1 regional research platform for WHO’s South East Asia region,
  - 9 biosafety level-III laboratories, and
  - 5 regional centres for disease control.

## Need for the Scheme

- A study (**‘State of Democracy in South Asia (SDSA)-Round 3’**) by Lokniti-CSDS in 2019 highlighted:
- Access to public health care remains elusive to those living on the margins. Only 70% of the locations have public healthcare services.
- Availability was less in rural areas (65%) compared to urban areas (87%).
- In 45 per cent of the surveyed locations, people could access healthcare services by walking, whereas in 43 per cent of the locations they needed to use transport.

- Proximity to healthcare services is higher in urban localities: 64 % of the enumerators in urban areas observed that people can access healthcare services by walking, while only 37% in rural areas can do so.
- The **Economic Survey in 2021** pointed out that India has one-of-the highest level of *Out-Of-Pocket Expenditures (OOPE)*.
- Furthermore, the Economic Survey observed that **bulk of the healthcare in India is provided by the private sector.**
- The Survey also underlines that OOPE for health increases the risk of vulnerable groups slipping into poverty because of catastrophic health expenditures.
- It suggested *an increase in public spending from 1% to 2.5-3% of GDP* – as envisaged in the National Health Policy 2017 – can decrease the OOPE from 65% to 30% of overall healthcare spend.
- The Prime Minister had recently launched another scheme, the **Ayushman Bharat Digital Mission (ABDM)**, a flagship digital initiative involving the creation of not just a *unique health ID for every citizen*, but also a *digital healthcare professionals* and facilities registry.
- The Covid19 pandemic underlined the need for robust and responsive public health infrastructure to cater to the needs of all citizens.
- There is also need for better public health care professionals. Through its National Centre for Disease Control (NCDC), the Government of India offers a robust two-year field epidemiology training program (Epidemic Intelligence Services).
- However, a separate formal accreditation body in India for MPH courses to ensure there is human resource to enable this infrastructure.