



BUDGET BRIEFS

Vol 12/ Issue 7

Ayushman Bharat Gol, 2020-21

Ayushman Bharat, under the aegis of the Ministry of Health and Family Welfare (MoHFW) was launched by Government of India (Gol) on 23 September 2018. The programme consists of two initiatives: (1) The Pradhan Mantri Jan Arogya Yojana (PMJAY); and (2) The establishment of 1.5 lakh Health and Wellness Centres (HWCs).

Using government data, this brief reports on the following indicators:

- Gol allocations and releases;
- Eligibility and claims under PMJAY; and
- Number of operational HWCs and diseases screened.

Cost share and implementation:

The PMJAY scheme is implemented by the National Health Authority (NHA). HWCs fall within the ambit of the National Health Mission (NHM). Funds are shared between Gol and states in a 60:40 ratio for both initiatives. This ratio is 90:10 for the eight North Eastern Region (NER) states and Himalayan states. Gol funds the entire share for all Union Territories (UTs) without a legislature.

HIGHLIGHTS

₹ 1,600 cr

Gol allocations for Health and Wellness Centres (HWCs) in FY 2020-21

₹ 6,400 cr

Gol allocations for Pradhan Mantri Jan Arogya Yojana (PMJAY) in FY 2020-21

SUMMARY & ANALYSIS

- Since the launch of PMJAY, Gol allocations for health insurance have seen a significant increase. In Financial Year (FY) 2021-20, Gol allocated ₹6,400 crore to PMJAY, a two-fold increase compared to FY 2019-20 Revised Estimates (REs) but the same as the Budget Estimates (BEs).
- Across India, 73 per cent of eligible households are covered by health insurance, either through PMJAY or state schemes.
- Over 80 percent claims have been paid in 11 states and UTs. Of all claims submitted till 20 November 2019, 42 per cent were from private Empanelled Health Care Providers (EHCPs) and 58 per cent were from public EHCPs. The average claim amount in private EHCPs was higher at ₹17,691 than the average claim amount in public EHCPs which was ₹11,050.
- In FY 2020-21, Gol allocated ₹1,600 crore to HWCs, the same as the previous financial year. As on 30 December 2019, 27,020 HWCs were functioning, accounting for 66 per cent of the cumulative target till 31 March 2020.
- An important function of HWCs is to conduct screening of non-communicable diseases and to refer patients to secondary hospitals. As of January 2020, 293 lakh people had been screened for hypertension. However, this amounted to less than 5 per cent the estimated population over 30 years of age in 20 states/Union Territories (UTs).

- On 23 June 2018, the Government of India (GoI) announced the launch of a new health programme known as Ayushman Bharat. The programme consists of two initiatives: a) Pradhan Mantri Jan Arogya Yojana (PMJAY) and b) the establishment of Health and Wellness Centres (HWCs). This brief looks into both.

PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

- PMJAY is a health insurance scheme aimed at providing access to quality inpatient secondary and tertiary care to poor and vulnerable families and reducing out-of-pocket expenditures arising out of catastrophic health episodes.
- The scheme is an expansion of the previous Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008 to provide health insurance coverage of up to ₹30,000 per year to Below Poverty Line (BPL) families, unorganised sector workers, and other identified vulnerable groups.
- It, however, differs from RSBY by expanding the coverage amount by six times to ₹5,00,000 for 10 crore identified target households (irrespective of size) based on the Socio-Economic Caste Census (SECC). The scheme is designed to provide cashless cover to households and all claims are to be settled within 14 days.

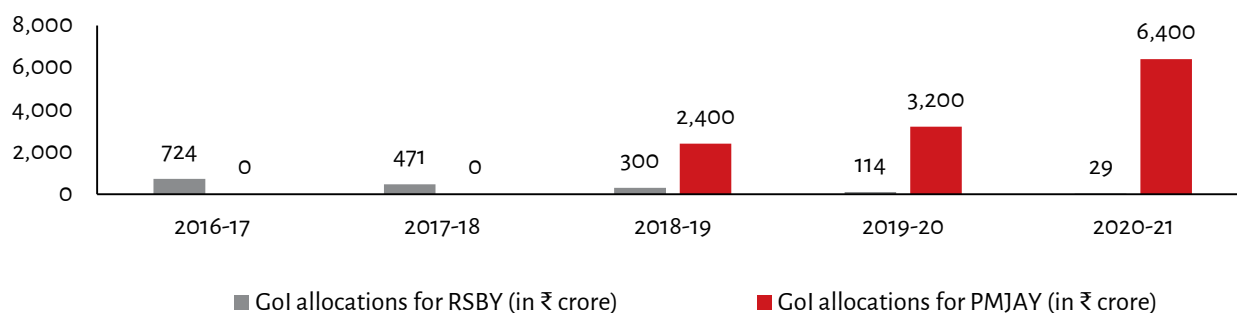
Implementation

- The scheme is implemented by the National Health Authority (NHA) which rests within the Ministry of Health and Family Welfare (MoHFW). The NHA consists of a Governing Board with representations from the government, domain experts, and states on a rotational basis.
- States on-boarded to the scheme are required to sign a Memorandum of Understanding (MoU) with the NHA. As on 20 December 2019, 32 states/Union Territories (UTs) had signed MoUs with the NHA. Telangana, Odisha, West Bengal, and Delhi had not signed an MoU.
- Implementation of the scheme rests with states and UTs. The scheme design allows flexibility including choice of procedures, packages, entitlements, and portability across the country. States and UTs can also choose their own implementation modalities such as through an insurance company, or directly through a trust/society/Implementation Support Agency (ISA) or adopt a mixed approach.
- Till 2 December 2019, 8 states and UTs including Meghalaya, Nagaland, Dadra and Nagar Haveli, Daman and Diu, Puducherry, and Kerala were running the scheme on an insurance model. In contrast, 7 states, namely, Chhattisgarh, Gujarat, Rajasthan, Punjab, Jharkhand, Maharashtra, and Tamil Nadu had chosen the mixed model. The remaining states and UTs were implementing PMJAY through a trust.

Allocations

- Since the launch of PMJAY, GoI allocations for health insurance have seen a significant increase. In Financial Year (FY) 2017-18, allocations for RSBY stood at ₹471 crore. With the launch of PMJAY in FY 2018-19, allocations increased nearly five-fold and stood at ₹2,000 crore. This further increased to ₹2,400 crore in the Revised Estimates (REs).
- At the start of FY 2019-20, ₹6,400 crore was allocated to the scheme. This, however, was halved in the RE to ₹3,200 crore. In FY 2020-21 Budget Estimates (BEs), ₹6,400 crore has been allocated for the scheme, same as the FY 2019-20 BEs, but double the REs.
- Allocations for RSBY, which PMJAY has subsumed, decreased from ₹114 crore to ₹29 crore between FY 2019-20 and FY 2020-21. The combined allocations for this insurance-based public healthcare scheme, PMJAY (including RSBY) therefore increased from ₹3,314 crore to ₹6,429 crore.

THE ALLOCATIONS FOR PMJAY DOUBLED BETWEEN 2019-20 AND 2020-21



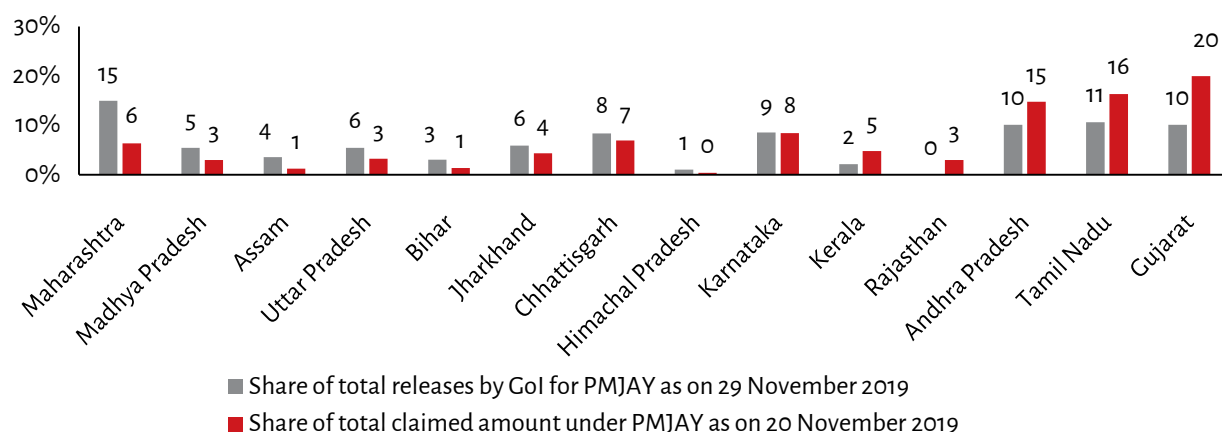
Source: Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2020-21. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2020.

Note: Figures are in Rupees crores and are Revised Estimates (REs), except for FY 2020-21 which are Budget Estimates (BEs).

State-wise Releases and Amount Claimed

- Both Gol and state governments are to open a designated escrow account for release of their respective share of premiums and administrative expenses. While state governments are to release their share of premium in advance, Gol has to release it within 21 working days from the receipt of a completed proposal from the state government. Upon receipt of Gol's share, states are to release the funds to the insurance company/ISA within 7 working days.
- In FY 2018-19, Gol released ₹1,850 crore, which is equivalent to 93 per cent of the year's BEs or 77 per cent of the REs.
- Release of funds was slow in FY 2019-20. By 29 November 2019, ₹1,014 crore or 32 per cent of revised allocations for FY 2019-20 had been released.
- There are gaps between the share of total claims submitted by hospitals within states and the share of total releases made to states. In Gujarat, Tamil Nadu, Andhra Pradesh, and Rajasthan, the shares of claims exceeded the share of releases received by the state. The opposite was true for Maharashtra, Madhya Pradesh, and Assam.

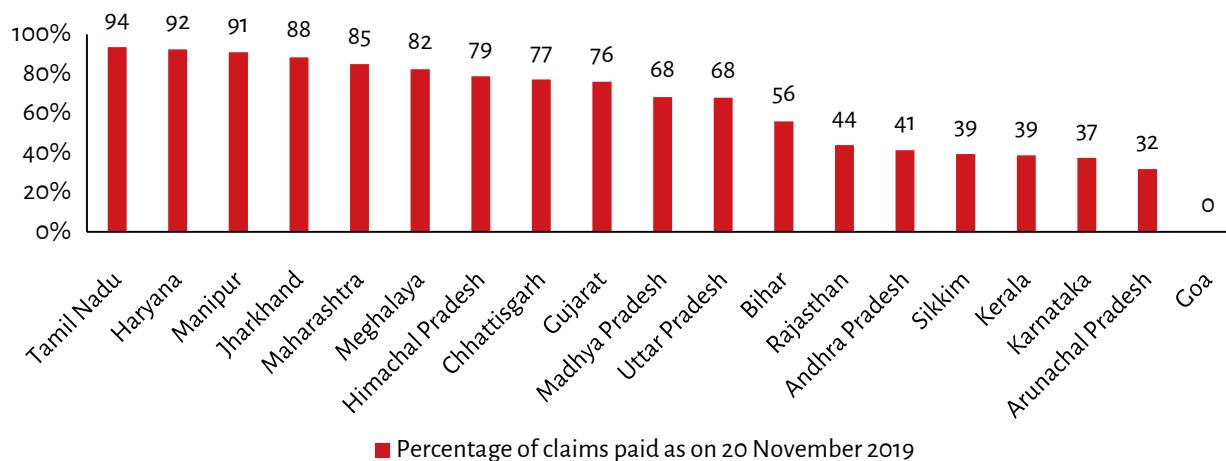
THE SHARE TOTAL CLAIMS EXCEEDED THE SHARE TOTAL RELEASES IN 4 STATES AND UTS



Source: (1) Total PMJAY releases from Lok Sabha starred Question no. 170, answered on 29 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/AS170.pdf>. (2) Claimed amount under PMJAY from Lok Sabha Unstarred Question no. 1029, answered on 22 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/A U1029.pdf>. Last accessed on 30 December 2019.

- Claims made by EHCPs are to be paid by the insurance company, or ISA depending on the mode of implementation. As on 20 November 2019, the percentage of claims paid was highest in Tamil Nadu (94 per cent), Haryana (92 per cent), and Manipur (91 per cent). In contrast, the percentage of claims paid was less than half in Rajasthan (44 per cent), Andhra Pradesh (41 per cent), Sikkim (39 per cent), Kerala (39 per cent), Karnataka (37 per cent), Arunachal Pradesh (32 per cent), and Goa (less than 1 per cent).

OVER 80% OF CLAIMS PAID IN 11 STATES AND UTS

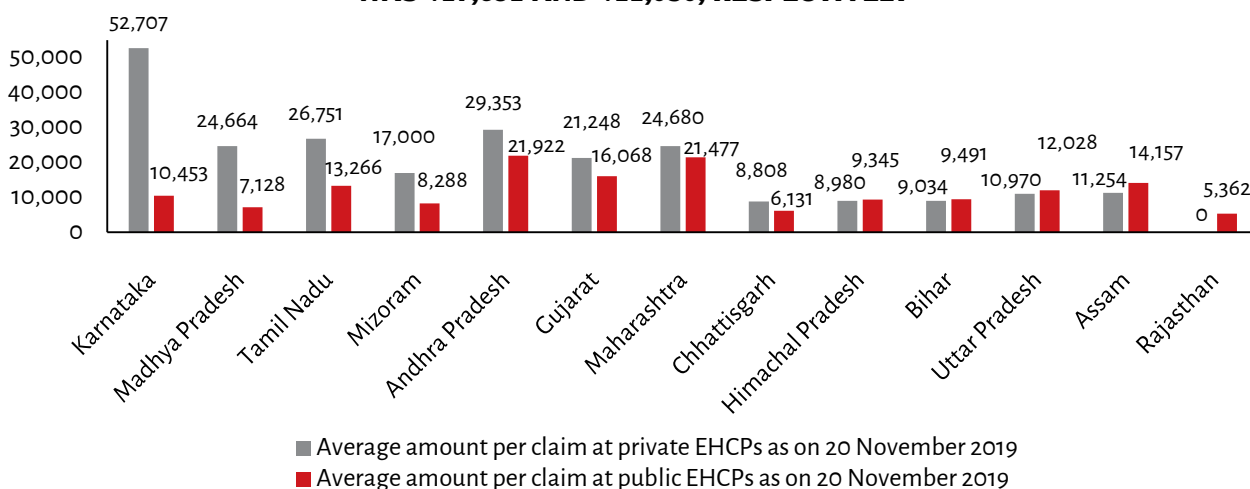


Source: Lok Sabha Unstarred Question no. 1066, answered on 22 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/AU1066.pdf>. Last accessed on 30 December 2019.

Average Amounts Claimed: Private versus Public

- Of all claims submitted till 20 November 2019, 42 per cent were from private EHCPs and 58 per cent were from public EHCPs. In terms of the quantum of money claimed, however, the average claim amount in private EHCPs was higher at ₹17,691 than the average claim amount in public EHCPs, which was ₹11,050.
- This difference in average amounts between public and private EHCPs was highest in Karnataka, Madhya Pradesh, and Tamil Nadu. The opposite was true in states such as Uttar Pradesh, Assam, and Rajasthan.

THE AVERAGE CLAIM AMOUNT IN PRIVATE AND PUBLIC HOSPITALS WAS ₹17,691 AND ₹11,050, RESPECTIVELY



Source: Lok Sabha Unstarred Question no. 1029, answered on 22 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/AU1029.pdf>. Last accessed on 30 December 2019.

ELIGIBILITY AND COVERAGE

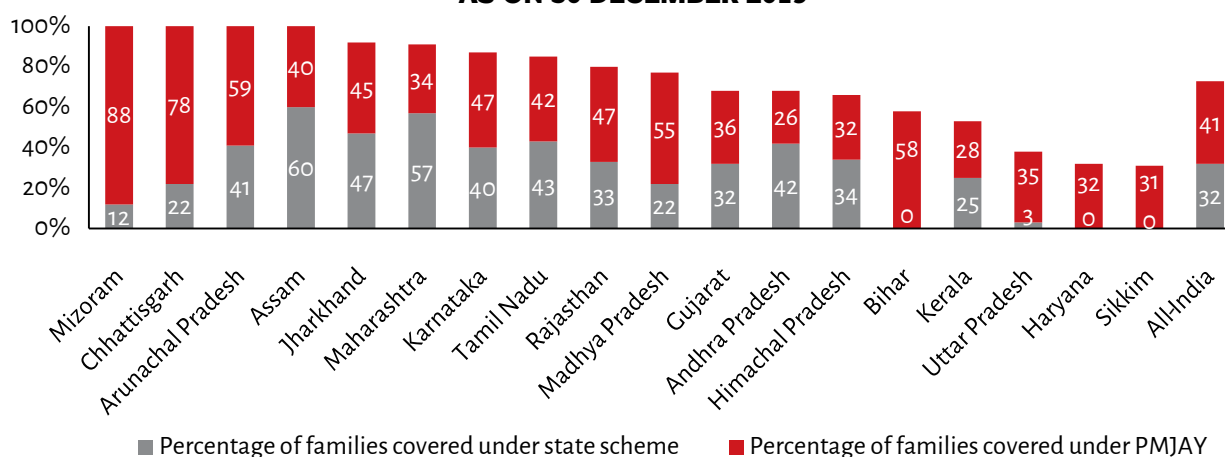
Eligibility

- PMJAY focuses on poor and vulnerable people who do not typically have access to health insurance. Under the scheme, the identification of eligible households is based on the latest Socio-Economic Caste Census (SECC) data for both rural and urban areas, as well as active families under RSBY.
- In rural areas, the scheme covers the following households: (a) households with only one room with *kutcha* walls and roof; (b) no adult members between ages 16-59, (c) female-headed households without adult male member aged between 16-59 years, (d) households with members with disabilities and no able-bodied adult member, (e) Scheduled Caste/Scheduled Tribe households, and (f) landless households deriving a major part of their income from casual labour.
- In addition, those who are destitute/living on alms, manual scavengers, tribal groups, or legally released bonded labour are automatically included. In urban areas, 11 categories of workers such as ragpickers, beggars, electricians, washermen, guards, street vendors, sweepers, gardeners, etc. are included. While age and family size are not criteria for enrolment under the scheme, it does aim to prioritise girls, women, and senior citizens. All persons that fall under these categories are automatically enrolled post verification of their identity.

Coverage

- A total of 10.74 crore families (approximately 50 crore beneficiaries) were selected to be covered under the scheme. However, several states also have state insurance schemes. These states run both PMJAY and state schemes and have expanded the coverage of the scheme. Of the 32 states and UTs for which data was available, till 30 December 2019, a total of 15.75 crore households had been covered under either PMJAY or state health insurance schemes. This accounts for 73 per cent of the total families in these 32 states and UTs as per Census 2011.
- Beneficiaries under PMJAY receive e-cards as identification under the scheme. As on 2 January 2020, 11.75 crore e-cards have been issued. These include 7.07 crore PMJAY cards and 4.88 state cards.
- There are state differences in coverage. Total coverage under any health insurance scheme was nearly 100 per cent (using 2011 Census figures) in Mizoram, Chhattisgarh, Arunachal Pradesh, and Assam. Coverage was also more than 80 per cent in Jharkhand (92 per cent), Maharashtra (91 per cent), Karnataka (87 per cent), and Tamil Nadu (85 per cent).

73% FAMILIES ACROSS INDIA WERE COVERED UNDER PMJAY AND STATE SCHEMES AS ON 30 DECEMBER 2019



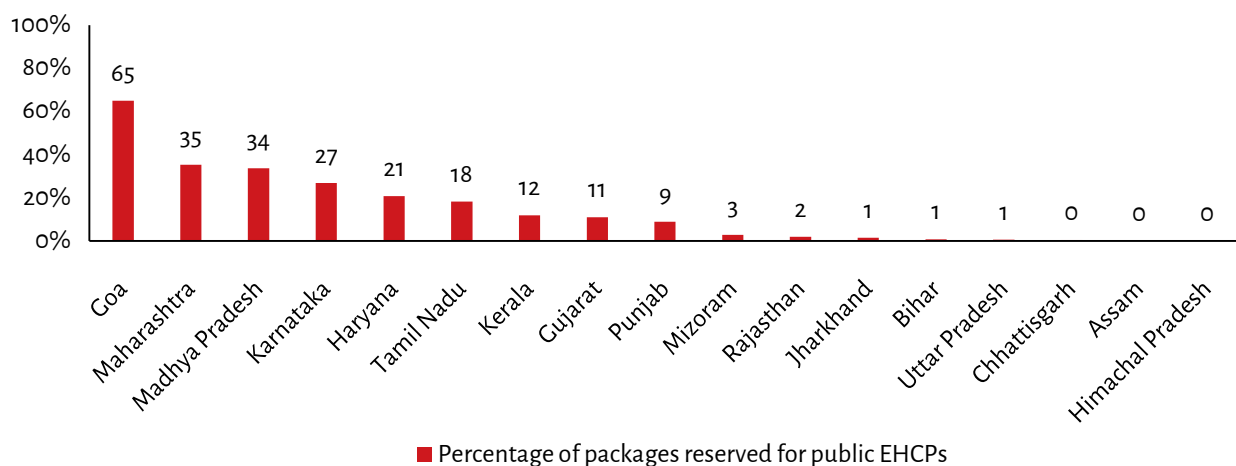
Source: State factsheets from PMJAY website. Available online at: <https://www.pmjay.gov.in/node/810>. Last accessed on 30 December 2019.

- In contrast, coverage was low in Uttar Pradesh (38 per cent), Haryana (32 per cent), and Sikkim (31 per cent). Barring Uttar Pradesh, these states also do not have any other state schemes.
- Of the total families covered under any public health insurance scheme, PMJAY accounted for the majority at 56 per cent. Here too, there are state differences. While PMJAY formed a majority of the coverage in Mizoram (88 per cent), Chhattisgarh (78 per cent), and Arunachal Pradesh (59 per cent), most families were covered under state schemes in Assam and Maharashtra.

Service Provision

- The scheme covers expenditure related to hospitalisation expenses, daycare surgeries, follow-up care, pre and post hospitalisation expense benefits, and services for newborn children. As per the scheme guidelines, costs are to be controlled by fixing package rates in advance and hospitals are to be empanelled based on package bundles.
- The empanelment of hospitals rests with the State Health Agency (SHA). All Community Health Centres (CHCs) and public hospitals are deemed to be EHCPs. Private hospitals are to be empanelled based on defined criteria.
- PMJAY benefits included 1,393 medical packages as on 2 December 2019 covering surgery, medical and day care treatments, cost of medicines, and diagnostics, and one package to cover other ailments. All pre-existing diseases are to be covered and hospitals cannot deny treatment to eligible persons.
- States have the flexibility to increase the number of packages provided. Sixteen states and UTs provided more than the stipulated number of packages including Tamil Nadu (3,708 packages), Manipur (2,543), Meghalaya (2,364), and Kerala (1,971).
- Certain packages are reserved for public hospitals to ensure quality treatment and to avoid fraud. More than 60 per cent packages have been reserved by the SHA for public EHCPs in Goa (65 per cent), and more than 30 per cent in Maharashtra (35 per cent), and Madhya Pradesh (34 per cent).
- In contrast, less than 1 per cent of all packages had been reserved in 15 states and UTs, such as Bihar, Uttar Pradesh, Chhattisgarh, Assam and Himachal Pradesh.

8 STATES HAD RESERVED MORE THAN 10 PER CENT OF ALL PACKAGES WITH PUBLIC EHCPs



Source: PMJAY state portal. Available online at: <https://www.pmjay.gov.in/node/810>. Last accessed on 30 December 2019.

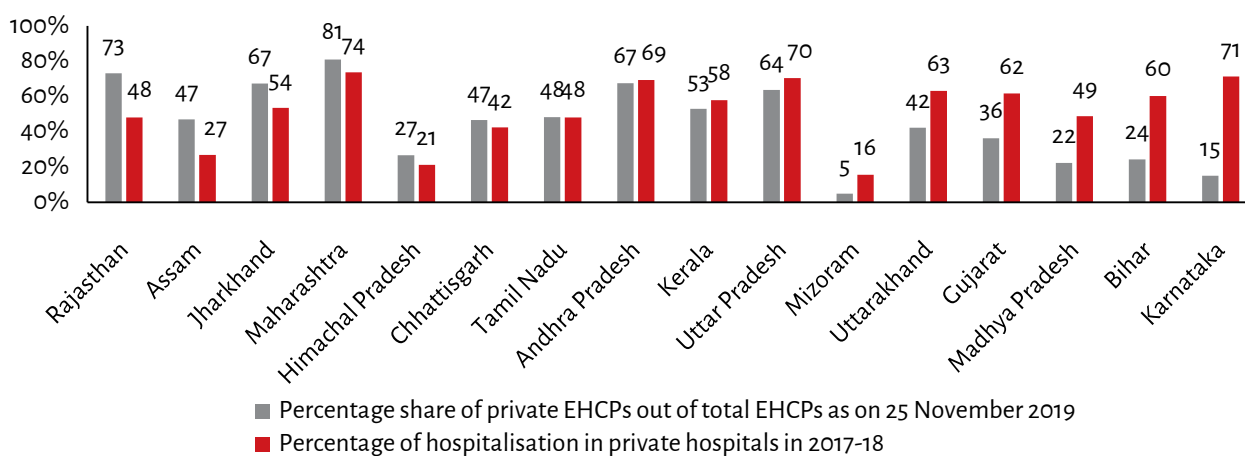
Most Utilised Claims

- Certain claims get utilised more than others. As on 26 July 2019, the top five claims for hospital admissions for medical procedures under PMJAY were Percutaneous Transluminal Coronary Angioplasty (PTCA) - single stent (medicated, inclusive of diagnostic angiogram); hemodialysis per sitting; high risk delivery, cataract with foldable hydrophobic acrylic Intraocular Lenses (IOL) by Phaco emulsification tech; and coronary artery bypass grafting.

EHCPs

- The 75th round of the National Sample Survey (NSS) on health (2017-18) provided data on the preference of households on type of EHCPs accessed for hospitalisation. As per the survey, a majority (55 per cent) of hospitalisation cases were in private hospitals.
- Under PMJAY, as on 25 November 2019, there were 19,668 EHCPs. Of these, 46 per cent are privately run. There are differences in some states between the percentage of hospitalisation cases in private hospitals and the proportion of private EHCPs in a state. Of all EHCPs, 73 per cent of EHCPs in Rajasthan and 47 per cent in Assam are private. In these states, however, a lower proportion of hospitalisation cases have been in private hospitals as per NSS data at 48 per cent and 27 per cent, respectively.
- The opposite is true in Karnataka, Bihar, and Madhya Pradesh. For instance, while 71 per cent hospitalisation cases in Karnataka were in private hospitals, only 15 per cent EHCPs in Karnataka were private.

WHILE 73% EHCPs IN RAJASTHAN WERE PRIVATE, ONLY 48% OF HOSPITALISATION CASES WERE FROM PRIVATE HOSPITALS

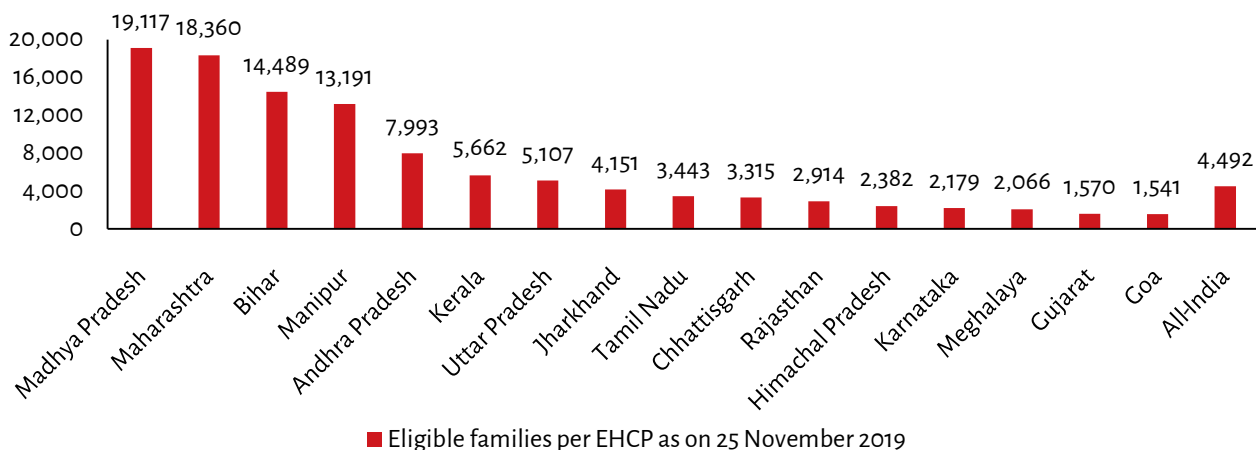


Source: (1) Percentage hospitalisation in private hospitals from the NSS 75th round on health (2017-18). Available online at: http://mospi.nic.in/sites/default/files/publication_reports/KI_Health_75th_Final.pdf. Last accessed on 30 December 2019. (2) Percentage of private EHCPs from Lok Sabha starred Question no. 170, answered on 29 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/AS170.pdf>. Last accessed on 30 December 2019.

Families per EHCP

- A look at the number of eligible families per EHCP (both private and public) under PMJAY gives a sense of the potential patient load on hospitals providing health cover. As on 25 November 2019, there were on average, 4,492 eligible families per EHCP.
- There are significant differences across states. In Arunachal Pradesh, for instance, there were only 2 empanelled hospitals and 2.6 lakh eligible families. This amounts to 1.3 lakh eligible families per EHCP in the state. The number of eligible families per EHCP was also high in Madhya Pradesh (19,117), Maharashtra (18,360), and Bihar (14,489). In contrast, there were less than 2,000 eligible families per EHCP in Goa and Gujarat.

ACROSS INDIA, 4,492 FAMILIES WERE ELIGIBLE FOR PMJAY PER EHCP AS ON 25 NOVEMBER 2019



Source: (1) Eligible families from PMJAY state portal. Available online at: <https://www.pmjay.gov.in/node/810>. Last accessed on 30 December 2019. (2) Number of EHCPs from Lok Sabha starred Question no. 170, answered on 29 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/172/AS170.pdf>. Last accessed on 30 December 2019.

Functionaries

- At the beneficiary level, the primary point of contact are certified frontline health service professionals called Pradhan Mantri Aarogya Mitras (PMAMs). PMAMs are to be placed based on cases registered per day at the EHCP: 1 PMAM for 0 to 10 cases; 2 PMAMs for 10-20 cases; 3 PMAMs for 20-30 cases; and 4 PMAMs for 30-40 cases. These PMAMs are responsible for facilitating beneficiaries in availing treatment at hospitals and thus, act as a support system to streamline health service delivery.

Grievances

- Beneficiaries can reach out to the SHA or NHA when denied treatment at any empanelled hospital. As on 6 December 2019, 346 such complaints were received at NHA helpline/grievance portal that were resolved with the help of the concerned SHA. Beneficiaries are also informed through automatic messages from the system from the time they register for e-cards and are provided the helpline number for any complaint or grievance.

HEALTH AND WELLNESS CENTRES

- The Health and Wellness Centre initiative aims to transform 1.5 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) – the first point of contact to primary healthcare – to Health and Wellness Centres (HWCs) by 2022. HWCs are to provide preventive, promotive, rehabilitative, and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, non-communicable diseases, palliative care and elderly care, oral health, ear nose and throat (ENT) care, and basic emergency care.

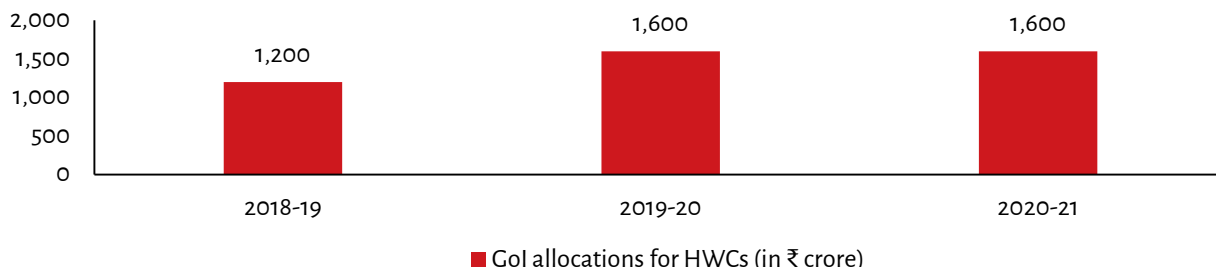
Norms

- According to operational guidelines, an upgraded SHC must have a team of at least three service providers. This includes a mid-level provider, at least two multi-purpose workers and a team of ASHAs based on the norm of one per 1,000 population.
- Similarly, a strengthened PHC would be required to meet IPHS norms which include things such as the provision of 24/7 nursing care, availability of essential medicines, diagnostics, space for outpatient care, etc.

Allocations and Releases

- In FY 2018-19, ₹1,200 crore was allocated for HWCs. Of that amount, ₹1,192 crore, or over 99 per cent was released. Allocations for HWCs increased by 33 per cent to ₹1,600 crore in FY 2019-20. In FY 2020-21 BE, the allocations stayed the same at ₹1,600 crore.

GOI ALLOCATIONS FOR HWCs REMAINED THE SAME IN 2019-20 AND 2020-21



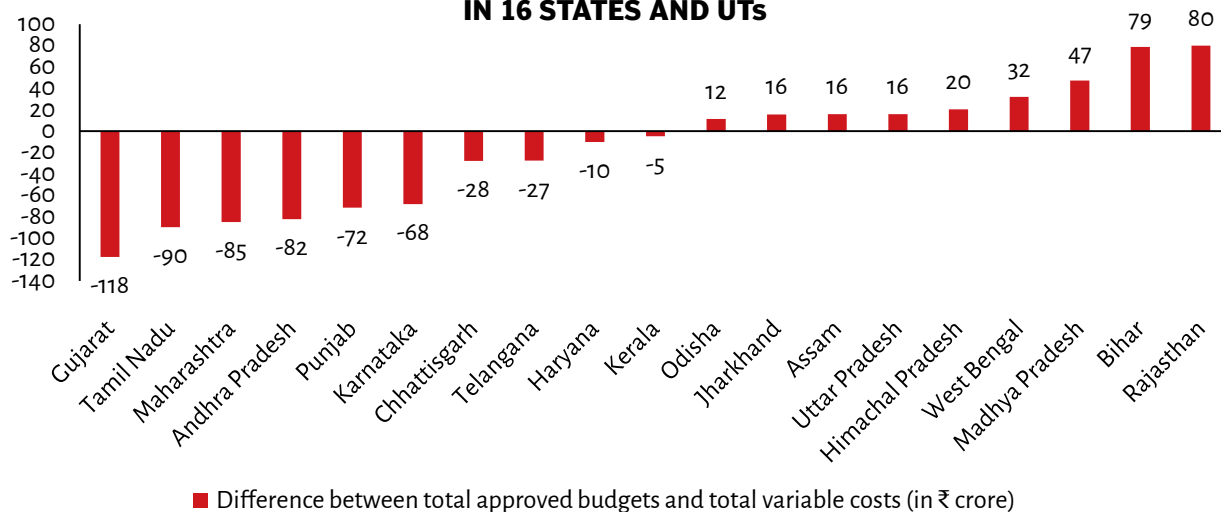
Source: Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2020-21. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2020.

Note: Figures are in Rupees crores and are Revised Estimates (REs), except for FY 2020-21 which are Budget Estimates (BEs).

Costs Required

- Setting up HWCs requires both fixed and variable costs. Not all health facilities, however, will require infrastructure upgradation. Total costs required have thus been estimated using only the variable costs. These would be the minimum funds required for the upgradation of health facilities to HWCs.
- The variable costs for HWCs functioning as on 30 December 2019, stood at ₹1,793 crore. This was ₹193 crore higher than approved budgets for FY 2019-20. There are, however, significant state differences. For instance, approved budgets were below requirements in Gujarat (-₹118 crore), Tamil Nadu (-₹90 crore), and Maharashtra (-₹85 crore). The opposite was true for Rajasthan, Bihar, and Madhya Pradesh.

APPROVED BUDGETS FOR 2019-20 FALL SHORT OF HWC VARIABLE COSTS IN 16 STATES AND UTs

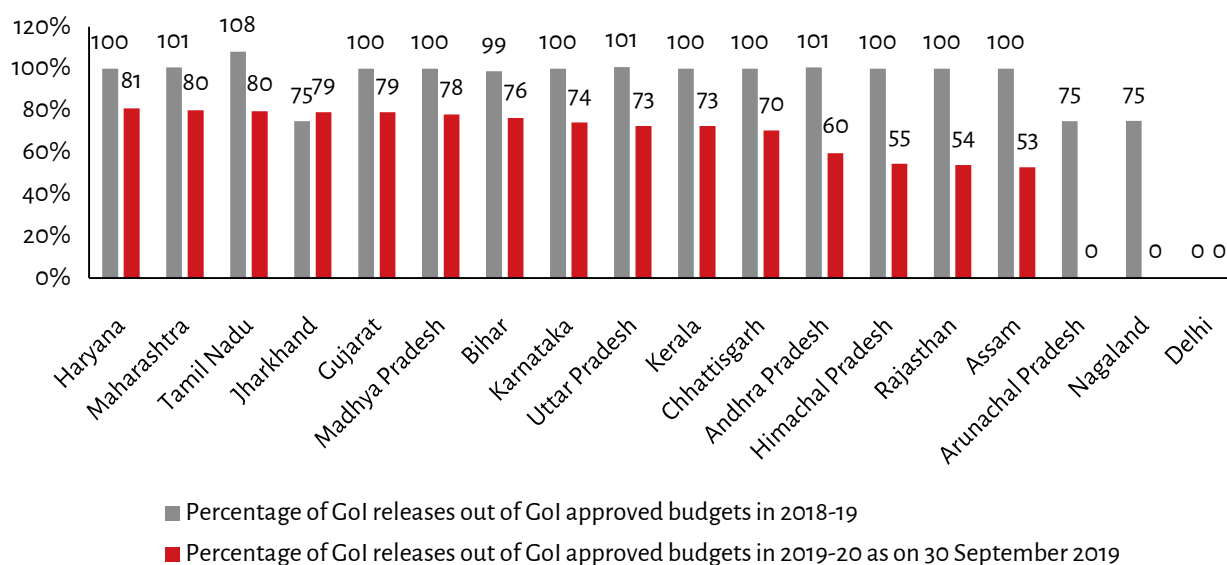


Source: (1) Operational HWCs from AB-HWC website. Available online at: <https://ab-hwc.nhp.gov.in/>. Last accessed on 30 December 2019. (2) Unit costs from Operational Guidelines for Comprehensive Primary Health Care through Health and Wellness Centres. Available online at: <http://nhsrcindia.org/sites/default/files/Operational%20Guidelines%20For%20Comprehensive%20Primary%20Health%20Care%20through%20Health%20and%20Wellness%20Centers.pdf>. Last accessed on 30 December 2019. (3) Approved budgets for FY 2019-20 from Lok Sabha starred Question no. 170, answered on 29 November 2019. Available online at: <http://164.100.24.220/loksabhaquestions/answer/172/AS170.pdf>. Last accessed on 30 December 2019.

State-wise Releases

- In FY 2018-19, the entire budget approved by Gol was released. Releases by Gol exceeded approved budgets in 23 states and UTs, including Tamil Nadu, Uttar Pradesh, and Andhra Pradesh. The proportion of Gol releases out of Gol approved budgets was lowest in Arunachal Pradesh, Jharkhand, and Nagaland at 75 per cent each.
- In FY 2019-20, till 30 September 2019, 70 per cent of the Gol approved budgets had been released. More than 80 per cent of Gol approved budgets for the year had been released in Haryana and Maharashtra. Releases were low in Assam (53 per cent), Rajasthan (54 per cent), and Himachal Pradesh (55 per cent). No funds were released to Delhi between 1 April 2018 to 30 September 2019.

RELEASES EQUALLED OR EXCEEDED APPROVED BUDGETS IN 23 STATES AND UTs IN 2018-19

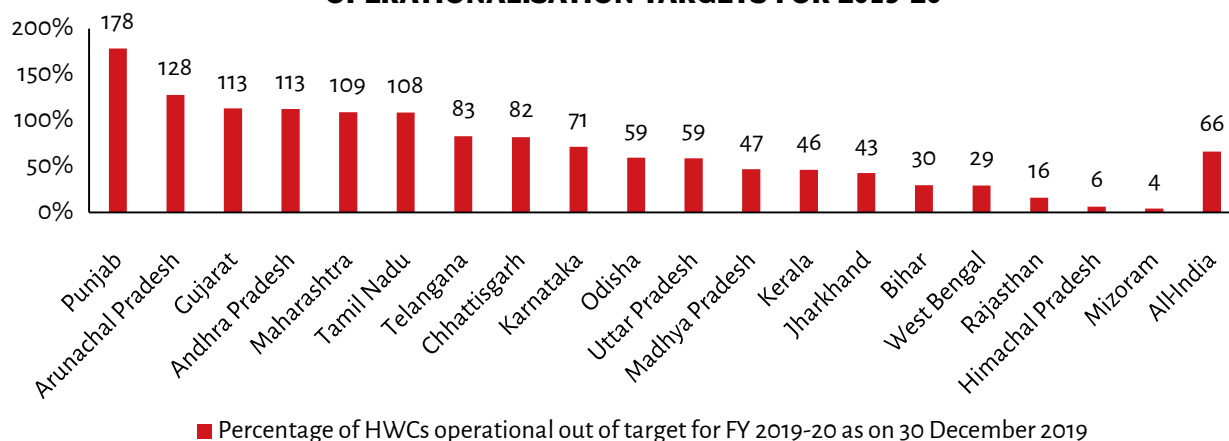


Source: RTI response from MoHFW dated 7 January 2020.

Coverage

- The scheme has set a year-wise plan for the roll out of 1,50,000 HWCs till 2022. In FY 2018-19, 15,000 are to be rolled out. Subsequently, 25,000 are planned for FY 2019-20, 30,000 for FY 2020-21, and 40,000 for FY 2021-22. From April to December 2022, 40,000 more are to be rolled out.
- As on 30 December 2019, 27,020 HWCs were functional, which accounted for 66 per cent of the cumulative target till 31 March 2020. Only 36 per cent of the target SHCs had been operationalised. However, the target for PHCs and UPHCs had been exceeded with 174 per cent of target PHCs, and 232 per cent of target UPHCs operationalised.
- Twelve states and UTs had met the overall HWC target till 31 March 2020. While Punjab, Arunachal Pradesh, Gujarat, Andhra Pradesh, Maharashtra, and Tamil Nadu had exceeded the overall target, less than 20 per cent of the overall target had been met in Rajasthan, Himachal Pradesh, and Mizoram. Punjab was the only state to have met individual targets for SHCs, PHCs, and UPHCs.
- As a result of exceeding their targets, estimated HWC variable costs required for Tamil Nadu and Maharashtra exceeded total approved budgets.

AS ON 30 DECEMBER 2019, 12 STATES AND UTS HAD MET THEIR OVERALL HWC OPERATIONALISATION TARGETS FOR 2019-20

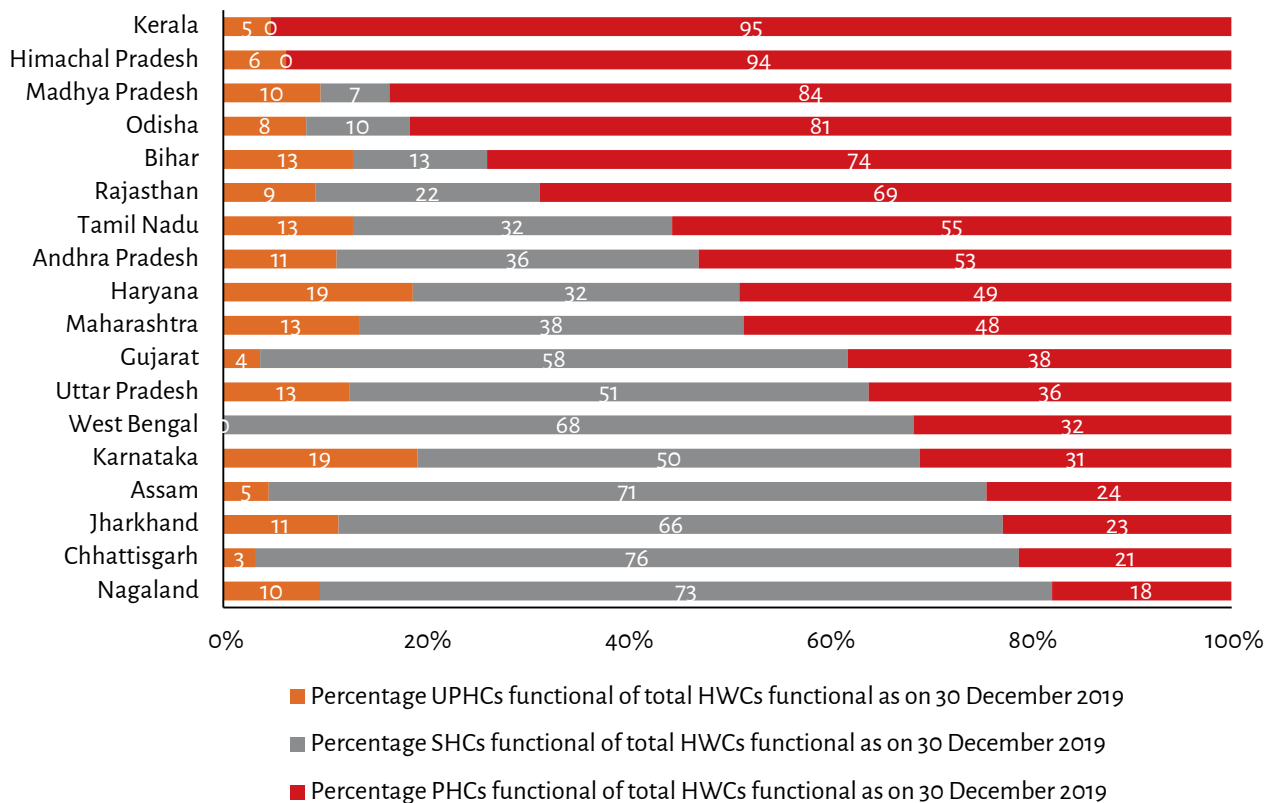


■ Percentage of HWCs operational out of target for FY 2019-20 as on 30 December 2019

Source: (1) Operational HWCs from AB-HWC website. Available online at: <https://ab-hwc.nhp.gov.in/>. Last accessed on 30 December 2019. (2) Targets from HWC factsheets. Available online at: <https://ab-hwc.nhp.gov.in/download/document/340b49eb2c0937e7b79ad8c1d6b975ad.pdf>. Last accessed on 30 December 2019.

- Of functional HWCs, 43 per cent are SHCs, 47 per cent are PHCs, and 10 per cent are UPHCs. While over 90 per cent HWCs in Kerala and Himachal Pradesh are PHCs, over 70 per cent HWCs in Assam, Chhattisgarh, and Nagaland are SHCs. In Haryana and Karnataka, 19 per cent of all HWCs were UPHCs.

OF FUNCTIONAL HWCs, 43% ARE SHCS, 47% ARE PHCS, AND 10% ARE UPHCS AS ON 30 DECEMBER 2019



■ Percentage UPHCs functional of total HWCs functional as on 30 December 2019
 ■ Percentage SHCs functional of total HWCs functional as on 30 December 2019
 ■ Percentage PHCs functional of total HWCs functional as on 30 December 2019

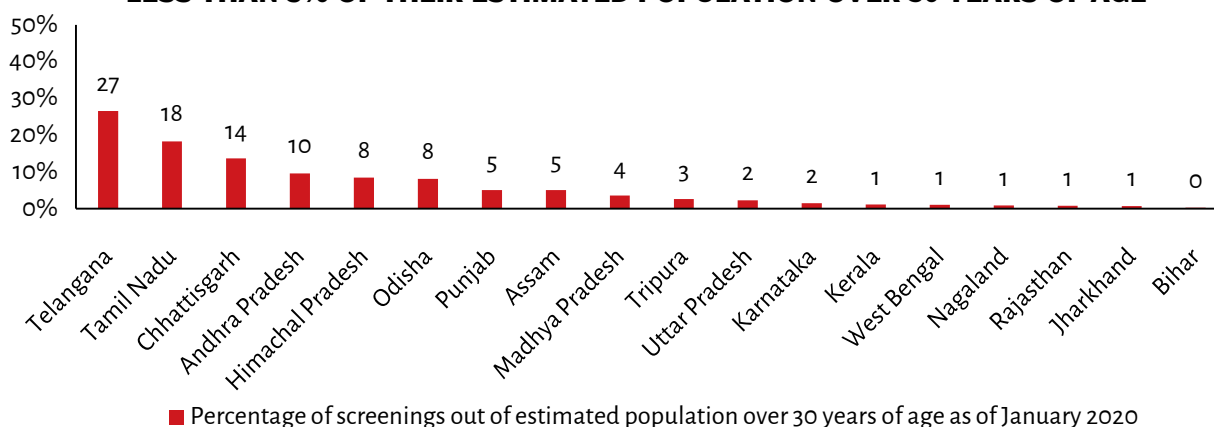
Source: Operational HWCs from AB-HWC website. Available online at: <https://ab-hwc.nhp.gov.in/>. Last accessed on 30 December 2019.

- Between April 2018 and September 2019, HWCs across India received 311 lakh people. The highest footfall was in Andhra Pradesh (59 lakh), followed by Odisha (44 lakh), and Gujarat (42 lakh). The lowest footfall was observed in Punjab (2,594) and Arunachal Pradesh (7,003).
- In the same time period, 2.04 lakh yoga and wellness sessions were conducted across India. Gujarat (58,899), Andhra Pradesh (27,038), and Uttar Pradesh (26,070) conducted the most sessions, while Punjab (25), Goa (53), and Tripura (54) conducted the least.
- Over 2.98 lakh ASHAs, over 70,000 Multi-Purpose Workers, and over 44,000 Medical Officers (MOs) and other staff had been trained at HWCs between April 2018 and September 2019.

Diseases Screened

- One of the functions of HWCs is to conduct screenings for non-communicable diseases, and refer any potential patients to secondary hospitals for treatment and care. This function acts as a link between primary and secondary care facilities.
- As of January 2020, as per the HWC portal, 293 lakh had been screened for hypertension; 250 lakh for diabetes; 152 lakh for oral cancer; 92 lakh for breast cancer; and 62 lakh for cervical cancer. The highest number of screenings had been conducted in Telangana and Tamil Nadu.
- Those over 30 years of age are to be screened for hypertension, diabetes, and three common cancers – oral, breast, and cervical cancer. The number of screenings was benchmarked with the estimated population over 30 years of age in 2019. This population was estimated by using the natural growth rate to update population figures from census 2011 year-on-year, state-wise.
- Across India, 5 per cent of the estimated population over 30 years of age had been screened for hypertension. As a proportion of their estimated populations, the proportion of hypertension screenings conducted till January 2020 was highest in Telangana (27 per cent) and Tamil Nadu (18 per cent). In contrast, 20 states have screened less than 5 per cent of their estimated populations by January 2020 including Madhya Pradesh, Uttar Pradesh, Karnataka, Kerala, West Bengal, Rajasthan, Jharkhand, and Bihar.

20 STATES AND UTS HAD CONDUCTED HYPERTENSION SCREENINGS WITH LESS THAN 5% OF THEIR ESTIMATED POPULATION OVER 30 YEARS OF AGE



Source: (1) Population from 2011 census population figures and updated year-on-year using annual natural growth rates from Sample Registration System Bulletins (SRS). Available online at: <http://censusindia.gov.in/>. Last accessed on 30 December 2019. (2) Number of screenings from presentations on NHM website. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1304&lid=688>. Last accessed on 30 December 2019.

Note: (1) Natural Growth Rate for 2014 was unavailable, so it was estimated by averaging the natural growth rate of previous year (2013) and the subsequent year (2015). Natural Growth Rate 2018 was unavailable and the 2017 figures have been used.