

Web Appendix 1 COMPREHENSIVE PRIMARY HEALTH CARE TEAM AT HEALTH AND WELLNESS CENTERS [5,22,26]

The Health and Wellness Centre (HWCs) initiative under ABP was officially launched on 14 April 2018. On this day, the Prime Minister of India opened a HWC to public, in Jangla village in Bhairamgarh Tehsil of Bijapur in Chhattisgarh state of India.

The HWCs at Sub-Health Centre level facility would have following staff:

- Mid-level healthcare provider (MLHP) : BSc/-General Nurse Midwife or Ayurveda Practitioner trained in 6 months Certificate Programme in Community Health/Community Health Officer
- Multi-Purpose Worker (MPW) Female- 2 per SHC as per Indian Public Health Standards norm
- Multi-Purpose Worker (MPW) Male - 1
- 5 Accredited Social Health Activist (ASHA)s as outreach team per Sub-health centre

Health and Wellness Center at Primary Health Centre (@30,000) in rural area/Urban Primary Health Centre @50,000 population

- 1 Allopathic Doctor,
- 1 Staff nurses,
- 1 Pharmacist,
- 1 Laboratory Technician
- Lady health visitors + Multi-purpose workers + (As per existing norms).
- Services: As per Indian Public Health Standard (IPHS) plus Screening of NCDs and wellness room

Note: The use of terminology of Multi-purpose workers –male and female (MPW-M or F) instead of Auxiliary nurse midwife (ANM) is being proposed, as these staff would provide broader range of services than nursing and midwifery. There would not be a Mid-level Healthcare Provider (MLHP) at the facilities where a medical officer is present such as Primary health centre and Urban PHCs.

Web Appendix 2 AYUSHMAN BHARAT- NATIONAL HEALTH PROTECTION MISSION (AB-NHPM) [22, 27]

This scheme was announced in union budget of India as national health protection Scheme (NHPS) on 1 February 2018.

Approval by Union Cabinet

The Union cabinet of India approved the scheme on 21 March 2018 as Ayushman Bharat- National Health Protection Mission (AB-NHPM). The cabinet approved that AB-NHPM will subsume the on-going centrally sponsored schemes – Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS), started in year 2008 and 2016, respectively AB-NHPM will be rolled out across all States/UTs in all districts with an objective to cover all the targeted beneficiaries..

Beneficiaries and Inclusion Criteria:

AB-NHPM will have a defined benefit cover of Rs. 500,000 (US\$ 7700) per family per year. There will be no cap on family size and age in the scheme. Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empaneled hospitals across the country.

AB-NHPM will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the Socio-economic and caste census (SECC) database.

The different categories in rural area include:

- families having only one room with kucchha walls and kuccha roof;
- families having no adult member between age 16 to 59;
- female headed households with no adult male member between age 16 to 59;
- disabled member and no able bodied adult member in the family;
- SC/ST households;
- landless households deriving major part of their income from manual casual labour,
- The automatically included families in rural areas having any one of the following: (a) households without shelter, (b) destitute, (c) living on alms, (d) manual scavenger families, (e) primitive tribal groups, (f) legally released bonded labour.

For urban areas, 11 defined occupational categories are entitled under the scheme.

Empanelment of Facilities:

All public hospitals in the States implementing AB-NHPM, will be deemed empaneled for the Scheme. Hospitals belonging to Employee State Insurance Corporation (ESIC) may also be empaneled based on the bed occupancy ratio parameter. As for private hospitals, they will be empaneled based on defined criteria.

The payments for treatment will be done on package rate (to be defined by the Government in advance) basis. The package rates will include all the costs associated with treatment. For beneficiaries, it will be a cashless, paper less transaction. Keeping in view the State specific requirements, States/ Union territories (UTs) will have the flexibility to modify these rates within a limited bandwidth.

Union and State Engagement and Coordination

There will be provision to ensure appropriate integration with the existing health insurance/ protection schemes of various Central Ministries/Departments and State Governments (at their own cost).

The State Governments are allowed to expand AB-NHPM both horizontally and vertically. States will be free to choose the modalities for implementation.

Governing Structure (National and State Level):

For giving policy directions and fostering coordination between Centre and States, The scheme is proposed to set up following bodies at national level:

- Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.
- Ayushman Bharat National Health Protection Mission Governing Board (AB-NHPMGB) which will be jointly chaired by Secretary (HFW) and Member (Health), NITI Aayog with Financial Advisor, MoHFW, Additional Secretary & Mission Director, Ayushman Bharat National Health Protection Mission, MoHFW (AB-NHPM) and Joint Secretary (AB-NHPM), MoHFW as members. CEO, Ayushman Bharat - National Health Protection Mission will be the Member Secretary, State Secretaries of Health Department may also be members as per the requirement.
- National Health Agency (NHA) to manage the AB-NHPM at the operational level in the form of a Society. NHA will be headed by a full time Chief Executive Officer (CEO) of the level of Secretary/Additional

Secretary to the Government of India.

At state level, a State Health Agency (SHA) to implement the scheme States will have the option to use an existing Trust / Society / Not for Profit Company/ State Nodal Agency or set up a new Trust / Society / Not for Profit Company/ State Health Agency to implement the scheme and act as SHA.

Funds Transfer:

To ensure that the funds reach SHA on time, the transfer of funds from Central Government through AB-NHPMA to State Health Agencies may be done through an escrow account directly.

IT Platform:

A robust, modular, scalable and interoperable IT platform is proposed to be made operational to entail a paperless, cashless transaction. This will also help in prevention / detection of any potential misuse / fraud / abuse cases. This will be backed by a well-defined Grievance Redressal Mechanism.

Media and Outreach:

In order to ensure that the scheme reaches the intended beneficiaries and other stakeholders, a comprehensive media and outreach strategy is proposed, which will, inter alia, include print media, electronic media, social media platforms, traditional media, IEC materials and outdoor activities 30 April has been announced as 'Ayushman

Bharat Diwas' in India. This day on 2018 was used to generate awareness about PM-RSSM amongst the target beneficiaries as well as to collect data on potential beneficiaries for this scheme.

The Erstwhile scheme- RSBY:

RSBY was launched in the year 2008 by the Ministry of Labour and Employment and provides cashless health insurance scheme with benefit coverage of Rs. 30,000/- per annum on a family floater basis [for 5 members], for Below Poverty Line (BPL) families, and 11 other defined categories of un-organised workers. To integrate RSBY into the health system the scheme comprehensive health care vision of Government of India, RSBY was transferred to the Ministry of Health and Family Welfare (MoHFW) w.e.f 01.04.2015. During 2016-2017, 3.63 crore families were covered under RSBY in 278 districts of the country and they could avail medical treatment across the network of 8,697 empaneled hospitals.

A number of activities to roll-out the PM-RSSM has been completed. The operational guidelines, model tender documents, benefit packages and costs have been drafted and shared widely (available at www.pmrssm.gov.in). A Chief Executive Officer of National Health Agency been appointed and taken charge. A series of consultations with state governments and other stakeholders completed and a few in pipeline. As of now, the proposed date of launch of PM-RSSM in select states of India is 15 August 2018.

WEB TABLE I AYUSHMAN BHARAT PROGRAM: KEY COMPONENTS [1,5,22,26,27]*Health and Wellness Centers (HWCs)**Pradhan Mantri- Rashtriya Swasthya Suraksha Mission (PM-RSSM)*

The comprehensive primary healthcare (through HWCs) in India focuses upon the provision of package of 12 essential services. In addition, the HWCs are proposed to be linked to Block level Primary health centres (PHC) and Community health Centres (CHCs) as first referral point. The approach includes expanding the workforce to create a Primary Health Care Team, improving availability of drugs for chronic diseases and point of care diagnostic; developing IT systems to strengthen continuum of care, monitoring, innovations in service delivery; capacity Building of care providers and Health promotion.

Both PHCs and SHCs would be upgraded to HWCs. However, of the existing 180,000 PHCs and SHC, only 150,000 would be made HWCs as some of the facilities at present are co-located in single village, of these only one would be taken for upgradation.

Twelve packages of proposed services through HWCs:

1. Care in pregnancy and child-birth.
2. Neonatal and infant health care services
3. Childhood and adolescent health care services.
4. Family planning, Contraceptive services and Other Reproductive Health Care services
5. Management of Communicable Diseases: National Health Programs
6. General Out-patient care for acute simple illnesses and minor ailments
7. Screening and Management of Non-Communicable diseases
8. Screening and Basic management of Mental health ailments
9. Care for Common Ophthalmic & ENT problems
10. Basic Dental health care
11. Geriatric and palliative health care services
12. Trauma Care (that can be managed at this level) and Emergency Medical services.

Key components of Comprehensive primary healthcare (CPHC) as part of HWCs:

- Expanded packages of service
- delivered at levels of community-primary health facilities – referral linkage
- Expanding Human Resources
- MLHP & Multi-skilling
- Medicines & Expanding Diagnostics - point of care & new technologies
- Community Mobilisation and Health Promotion
- Infrastructure
- Financing/Provider Payment Reforms
- Robust IT System
- Partnership for Knowledge & Implementation
- Continuum of Care

- A lot of background work was done following announcement of NHPS-2016 in the union budget 2016-17: The benefit packages design, the package rates, empanelment criteria, basic information on IT platform, and national and state health authorities to serve as background material to expedite the planning.
- The 'deprivation data' from socio-economic and caste census (SECC) of 2011 will be used for eligibility of beneficiaries. The enrolment will be linked with Aadhar number.
- A premium of Rs 1,082 per family has been estimated under NHPS/PM-RSSM. The government would pay the entire premium, for the targeted beneficiaries, with no contribution or co-payment by the beneficiaries.
- The full scale implementation of AB-NHPM (for 107 million families) would cost approx. Rs. 12, 000 Crore (US\$ 1.8 billion) per year including administrative and other costs.
- The premium will be shared between union and state governments, at 60-40, or 90-10 formula, as applicable for other centrally sponsored schemes (CSS). For the Union territories, the entire cost will be borne by union government. It has been estimated that the state government would have to contribute around Rs. 4,330 Crore (US\$ 670 million) per annum and remaining around Rs 7,600 Crore (US\$ 1,170 million) would come from the Union government.
- The state government would be free to choose between trust or insurance model or even a mixed approach for the implementation of the scheme. There would be freedom to the states for appropriate harmonization of ongoing state specific insurance/assurance schemes with PM-RSSM.
- The PM-RSSM is proposed to be from 15 Aug 2018 and not later than 02 Oct 2018.
- The PM-RSSM will cover both Pre and Post hospitalization expenditure to be covered including all pre-existing conditions covered from day 1.
- The Transport allowance to beneficiaries at the time of discharge for particular condition.
- Both medical and surgical conditions have been proposed with minimum exclusion.
- Covers all tertiary care hospitalization and most secondary level hospitalization
- Socio Economic Caste Census (SECC) data will be base for PM-RSSM. The selection Criteria (# of Households) include 5 deprivation criteria (Rural + Urban) (75.6 Million); Automatic inclusion criteria (Rural) (1.59 Million); Occupational criteria (Urban) (19.7 Million); Others already included in RSBY (2.2 Million)
- NHPS likely to be implemented by 5-7 states of India in the first year, with additional states onboarding in the following years.

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Health and Wellness Centers (HWCs)

Pradhan Mantri- Rashtriya Swasthya Suraksha Mission (PM-RSSM)

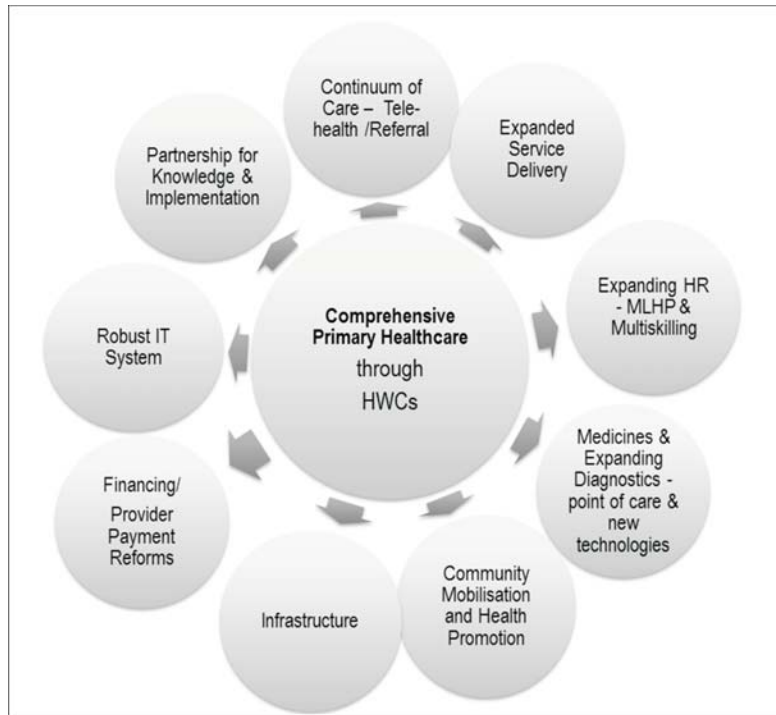
- Tele-health/Referral

Rs. 1,200 Crore (US\$ 185 million) allocated to upgrade 11,000 HWCs in FY 2018-19.

Upgradation of each of the sub health centre would need approx. Rs 1,700,000 (US\$ 26,000) per facility. Therefore, total budget needed for upgradation of 11,000 HWCs would be around Rs 1,900 Crore (US\$ 290 million). Of this, Rs 1,200 Crore (US\$ 185 million) has been allotted in Union budget as central government share and remaining is expected to come as state contribution.

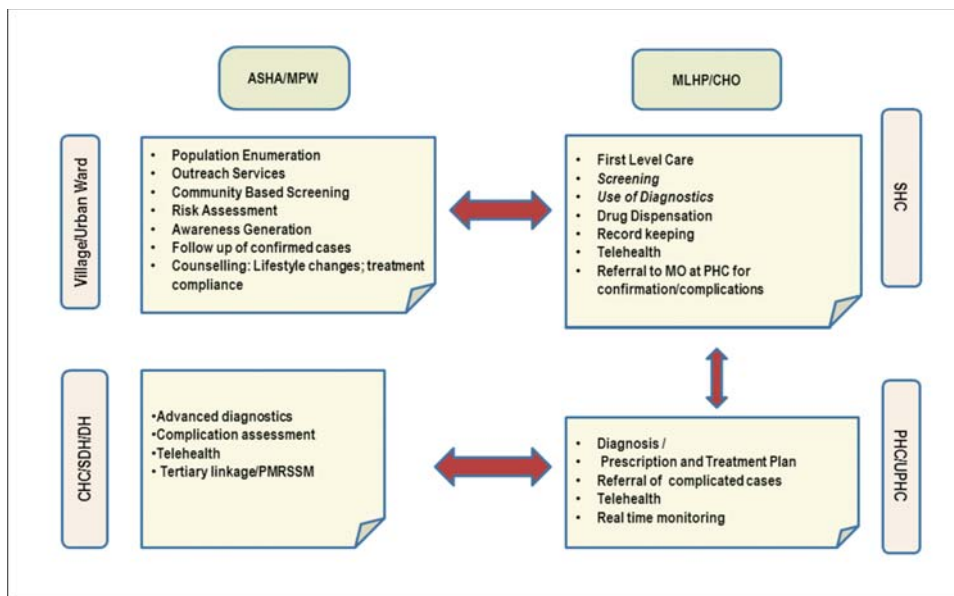
Rs. 2,000 Crore (US\$ 310 million) allocated for FY 2018-19. An additional Rs. 8,000 Crore (US\$ 1,230 million) for FY 2019-20.

Nation-wide implementation of PM-RSSM will cost around Rs. 12,000 Crore (US\$ 1.8 billion). However, in the first year, the scheme will be started in part of the year and in select states. The expenditure is likely to be limited. For the FY 2019-20; Rs. 8,000 Crore (US\$ 1,230 million) could be sufficient to meet nation-wide implementation as balance amount would come from contribution of state governments.



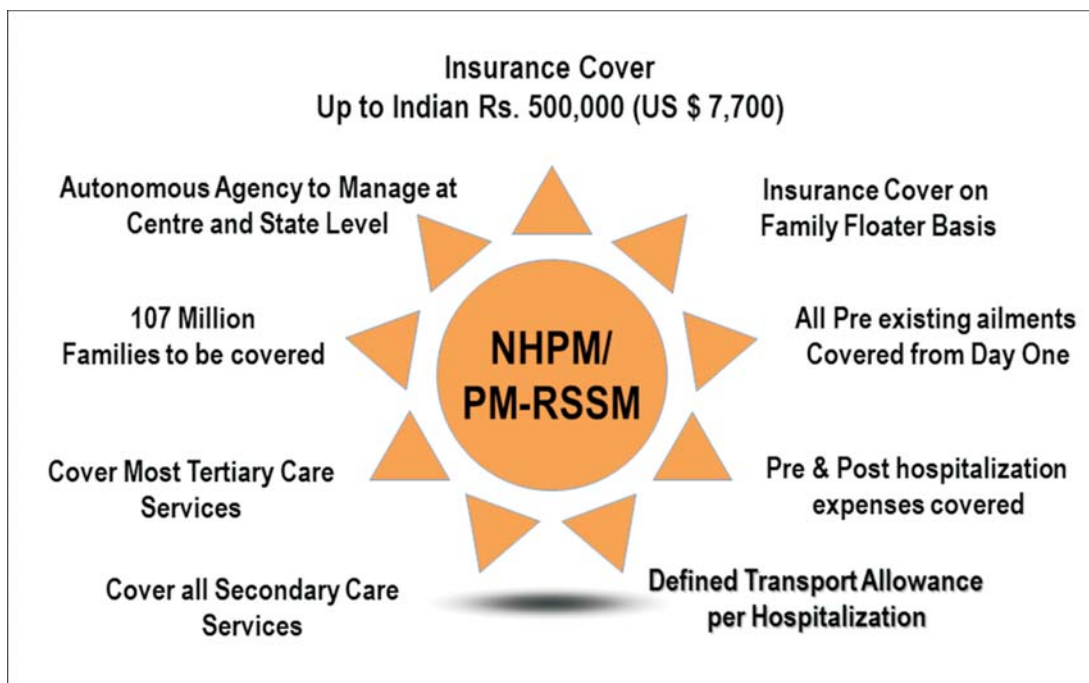
HWCs: Health and Wellness Centres; MLHP: Mid-level health care providers; HR: Human resources

Web Fig. 1 Key elements to roll out comprehensive primary healthcare as part of Health and wellness centers.



ASHA: Accredited Social Health Activists; CHO: Community Health Officer; HWCs: Health and Wellness Centres; HR: Human resources; MLHP: Mid-level care providers; MO: Medical Officer; SHC: Sub- health centre; PHC: Primary Health Centre; UPHC: urban Primary Health centres; CHC: Community Health Centre; SDH: Sub-district hospital; DH: District Hospital; PM-RSSM: Pradhan Mantri- Rashtriya Swasthya Suraksha Mission; MPW: Multi-purpose worker.

WEB FIG. 2 Proposed continuum of care from community to facility in Health and wellness centers.



PM-RSSM: Pradhan Mantri- Rashtriya Swasthya Suraksha Mission

WEB FIG. 3 Key components of PM-RSSM.