

## Free Healthcare and Digital Infrastructure in India: Pragmatic or Ideological?

### Atención a la salud gratuita e infraestructura digital en la India: ¿pragmatismo o ideología?

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#### Abstract

The Government of India launched the Ayushman Bharat Mission in 2017. There are two major pillars of the mission: Ayushman Bharat health insurance and upgradation of existing primary health centres and sub-centres to Ayushman Bharat health and wellness centres. These have been rebranded as 'Ayushman Arogya Mandir (AAM)'. This study discusses the second pillar and highlights the paramount role these health and wellness centres could play in delivering comprehensive primary health care, as well as being gatekeepers of the health system. This would enable us to detect early and, therefore, manage early. A well-managed system could reduce the load on the health system, build a resilient workforce and economy.

**Keywords:** Digital Infrastructure in India, Misión Ayushman Bharat, Health and Wellness Centres

#### Resumen

El Gobierno de la India lanzó la Misión Ayushman Bharat en 2017. Hay dos pilares principales de la misión: el seguro de salud Ayushman Bharat y la modernización de los centros de salud primarios y subcentros existentes a centros de salud y bienestar Ayushman Bharat. Estos han sido rebautizados como 'Ayushman Arogya Mandir (AAM)'. Este estudio analiza el segundo pilar y destaca el papel fundamental que estos centros de salud y bienestar podrían desempeñar en la prestación de atención primaria de salud integral, además de ser guardianes del sistema de salud. Esto nos permitiría detectar temprano y, por lo tanto, gestionar a tiempo. Un sistema bien gestionado podría reducir la carga sobre el sistema de salud, construir una fuerza laboral resiliente y fortalecer la economía.

**Palabras clave:** infraestructura digital India, Misión Ayushman Bharat, Centros de Salud y Bienestar



In 2017, the Government of India launched the National Health Policy (NHP) to reduce premature deaths caused by non-communicable diseases (NCDs) such as respiratory illnesses, cancer, and cardiovascular diseases. Under the NHP, the Ayushman Bharat (AB) mission was initiated, adopting a two-pronged approach: Pradhan Mantri Jan Aarogya Yojana (PM-JAY) and the establishment of Health and Wellness Centres (HWCs).<sup>1</sup> As part of the latter, existing Sub-Centres (SCs) and Primary Health Centres (PHCs) were envisioned to be upgraded into HWCs. In addition to providing pervasive maternal and neonatal care, these centres now offer expanded services such as NCD management, screening, treatment, routine immunizations, outreach campaigns, and mental health support. In 2023, these HWCs were further rebranded as Ayushman Aarogya Mandirs (AAMs). This transformation aligns with the third Sustainable Development Goal (SDG) set by the United Nations—to ensure healthy lives and promote well-being for all ages.<sup>2</sup>

As the proportion of older people in India is projected to rise from 10.5% in 2022 to 20.8% by 2050<sup>3</sup> (India Ageing, Elderly to Make up 20% of Population by 2050, 2023), the screening and treatment of NCDs become increasingly critical. Although this demographic shift presents an opportunity to address an imperative segment of the population, it also raises significant concerns regarding the program's practical implementation and long-term sustainability. From a gatekeeping perspective, the screening capacity of health providers, the adequacy of infrastructure, and the responsiveness to rising community needs will all have to expand substantially. Likewise, the demand for recurrent diagnosis, treatment, and management of co-morbidities will continue to grow alongside ageing. Good health and wellbeing of entire population.<sup>2</sup> In rural areas, especially, establishing a reliable and extensive network of Health and Wellness Centres (HWCs) will be essential to meet these challenges.

In India, the proclamation of public health initiatives has recurrently served as a political maneuver,<sup>4</sup> particularly in the context of the country's high proportion of out-of-pocket medical expenditures. Health care costs remain disproportionately burdensome for Indian

households, making public health services the only viable option for large segments of the population. For disadvantaged groups especially, paying out-of-pocket for private care is simply not feasible, reinforcing the critical role of government-funded health care.

The mission to upgrade health centres was launched to address these needs and resolve bottlenecks in healthcare delivery at the grassroots level. To further strengthen their role, each centre is led by a mid-level health provider — typically with at least a Bachelor of Science in Nursing — who also receives an additional six months of specialized training. This health provider, designated as the Community Health Officer (CHO), works alongside the established team of Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) within the catchment area.<sup>5</sup>

A key infrastructural addition to these centres has been the establishment of telemedicine services under the E-Sanjeevani program.<sup>6</sup> Through teleconsultation, CHOs can connect patients with doctors based in medical colleges or tertiary hospitals, enabling remote consultation and treatment planning. This innovation is crucial because the distance to secondary and tertiary care facilities has traditionally limited rural populations' access to healthcare, and the lack of professional setups has discouraged specialists from relocating to suburban and rural regions. However, the efficient operation of these services requires reliable infrastructure, stable internet connectivity, and a systematic process for follow-up care.

Given these ongoing obstacles, expanding the scheme's reach without first addressing its underlying issues raises serious concerns about the program's long-term viability. Its ultimate impact—particularly on the management of NCDs—remains uncertain, although the initiative holds promise for providing older adults with more equitable access to healthcare. While this vision is commendable and worthy of support, strong government accountability is equally crucial to ensure a robust, financially sustainable plan that delivers high-quality health infrastructure without significantly increasing the tax burden on individuals.

A more practical and evidence-based strategy would emphasize need-based inclusion while simultaneously strengthening the supporting health infrastructure. Developing a government-issued white paper detailing the program's design, financial plan, and sustainability model could play a key role in establishing transparency, reinforcing accountability, and ultimately achieving better health outcomes.

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