Ministry of Health & Family Welfare
Government of India

AYUSHMAN BHARAT
HEALTH AND WELLNESS CENTRES

REALIZING UNIVERSAL HEALTH CARE

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार

अधिक जानकारी के लिए, कृपया वेबसाइट पर जाऐं:
https://ab-hwc.nhp.gov.in/

We have adopted a holistic approach in our healthcare system. Today our focus is not only on health, but equally on wellness

-Prime Minister Narendra Modi

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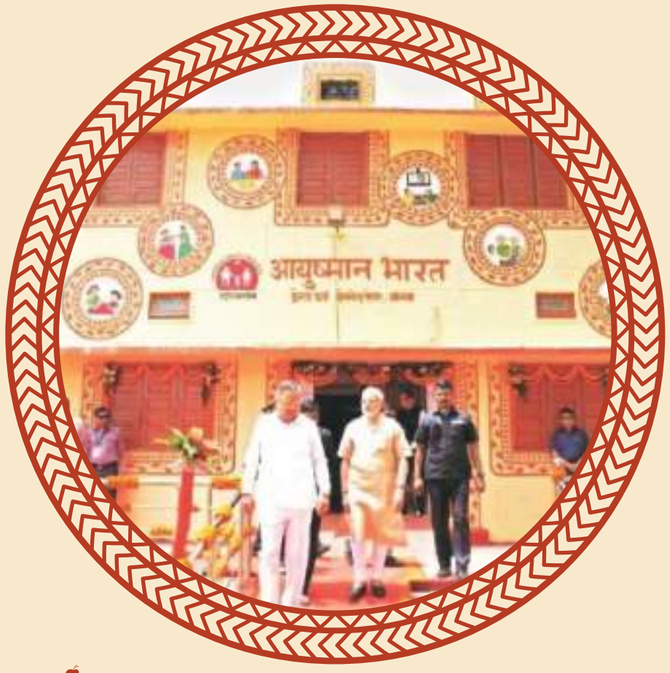


INTRODUCTION

The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages.

The National Health Policy of 2017 envisioned these centres as the foundation of India's health system.

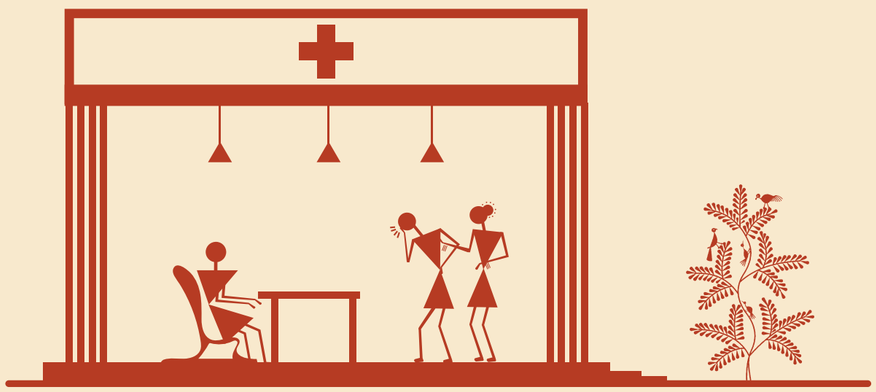
These centres deliver a range of comprehensive health care services like maternal and child health, services to address communicable and non-communicable diseases and services for elderly and palliative care. AB-HWCs provide free essential medicines and diagnostic services, teleconsultation, and health promotion including wellness activities like Yoga.

CHAPTER 1 AB-HWCs: ACCESSIBLE COMPREHENSIVE CARE

In 2017, the National Health Policy was launched, based on the recommendations of the Task Force for Comprehensive Primary Health Care (CPHC). It endorsed the establishment of **Ayushman Bharat - Health & Wellness Centres (AB-HWCs)** and committed that two thirds of the budget be allocated towards primary health care.

In the budget speech for FY 18-19, the AB-HWCs Programme was announced with a budget of ₹ 1,200 Crore allocated for this flagship programme.

The AB-HWCs Programme is **a set of multiple reforms, spanning all aspects of the health care systems such as service delivery, human resources, financing, access to essential medicines and diagnostics, community participation, and ownership and governance.**



To ensure delivery of Comprehensive Primary Health Care (CPHC), existing Sub Health Centres (SHCs) covering a population of 3,000 - 5,000 are being transformed to Health and Wellness Centres (AB-HWCs). Primary Health Centres (PHCs) in rural and urban areas are also being converted into AB-HWCs.

CPHC is complemented by outreach services, Mobile Medical Units and Home and Community based care, enabling a **seamless continuum of care** that ensures the principles of **equity, universality and removing any financial hardship.**

Sub Health Centre: AB-HWCs Team

The AB-HWCs at the Sub Health Centre (SHC) level would be equipped and staffed by an appropriately trained Primary Health Care team led by a Community Health Officer (CHO) and comprising of Multi-Purpose Workers (male & female) & ASHAs.

Primary Health Centre / Urban Primary Health Centre: AB-HWCs Team

A **PHC** that is linked to a cluster of AB-HWCs at the SHCs would serve as the **first point of referral** for many disease conditions for the AB-HWCs in its jurisdiction.

In addition, it would also be strengthened as a AB-HWC to deliver the expanded range of primary health care services.

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all SHC Level AB-HWCs in her/his area and through the PHC itself.

The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards (IPHS).

What was the situation before this reform?

The priority of National and State programmes between 1990 and 2015 was on attaining the Millennium Development Goals (MDGs), and given the state of maternal, infant and newborn mortality, attention to these services took precedence.

There was limited use of evidence-based decision making, resulting in inadequate attention to the changing disease profiles in several parts of the country.

The National Health Mission (NHM), in its Framework of Implementation 2012, recommended – *"strengthening of the Sub Centre/Urban Primary Health Centre to deliver a larger range of preventive, promotive and curative care services, so that it becomes the first port of call for each family to access a full range of primary care services"*.

The primary care services, at the time, were largely focused on maternal and child health and a few communicable diseases such as malaria, leprosy, TB, etc.

In December 2014, the Ministry of Health and Family Welfare (MoHFW) constituted a Task Force for the roll out of Comprehensive Primary Health Care (CPHC).

The key recommendations of the Task Force were finalised late in 2015.

The Task Force suggested enhanced allocation and the following key reforms necessary for operationalising primary health care -

- Expansion of the package of services to be made available and ensuring continuity of care – making services patient-centric
- Reform the way in which service delivery institutions are organized
- Measures to ensure availability of necessary human resources to deliver the expanded range of services
- Human resource development
- Reliable access to free essential medicines and diagnostic services
- Leveraging information technology
- Measures for ensuring quality of care
- Change management processes
- Information and communication technology to empower patients and providers, governance, financing, partnerships and accountability including community partnerships and equity concerns in health.

While consensus on these reforms was being forged, surveys in many parts of the country highlighted that the burden of chronic diseases (hypertension, diabetes) and linked unhealthy behaviours and lifestyles were on the rise.

This prompted the MoHFW, in early 2016, to develop a comprehensive Population Based Screening (PBS) programme for common Non - Communicable Diseases (NCDs), in order to initiate the process of early detection, prevention, management and control and also enable system readiness for the addition of other service packages.

CHAPTER 2 AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE

Key features of the programme

- Transform existing Sub Health Centres and Primary Health Centres to AB-HWCs to ensure universal access to an expanded range of Comprehensive Primary Health Care services.
- Ensure a people centred, holistic, equity-sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.
- Ensure access to free essential medicines and diagnostic services.
- Enable delivery of high quality care that spans health risks and disease conditions through a commensurate expansion in the availability of medicines and diagnostics, use of Standard Treatment Guidelines (STGs) and referral protocols with advanced technologies including IT systems and focus on wellness.
- Instill the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative and palliative care.
- Ensure continuity of care with a two-way referral system between the AB-HWCs and the AB-PMJAY and follow-up support.
- Emphasize health promotion (including through school education and individual-centric awareness and promotion of Yoga and other wellness activities) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
- Facilitate the use of appropriate technologies for improving access to health care advice and treatment initiation, enable reporting and recording, eventually progressing to electronic records for individuals and families linking it with NDHM.
- Develop strong measurement systems to build accountability for improved performance.
- Institutionalize the community ownership and management of health centres through **Jan Arogya Samitis (JAS).**

Service Packages

Services made available at AB-HWCs

- Care in Pregnancy and Child-birth
- Neo-natal and Infant Health Care Services
- Childhood and Adolescent Health Care Services
- Family Planning, Contraceptive Services and other Reproductive Health Care Services
- Management of Communicable Diseases, National Health Programmes
- Management of Common Communicable Disease and Out-patient Care for Acute Simple Illnesses and Minor Ailments
- Screening, Prevention, Control and Management of Non-Communicable Diseases and Chronic Communicable Diseases like Tuberculosis and Leprosy

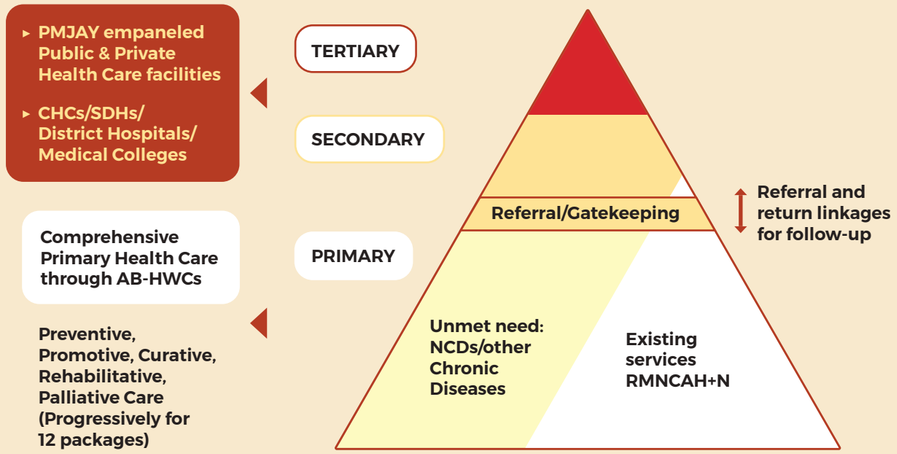
Services* being added in an incremental manner

- Basic Oral Health Care
- Care for Common Opthalmic and ENT Problem
- Screening and Basic Management of Mental Health Ailments
- Elderly and Palliative Health Care Services
- Emergency Medical Services including Burns and Trauma

*** Many states have started adding the above services. Guidelines for all the 12 expanded package of services has been released.**

Figure 1: CPHC 12 service packages

Universal Health Coverage: Ayushman Bharat



CONTINUUM OF CARE - CPHC & PMJAY

Figure 2: Continuum of Care under Ayushman Bharat

CHAPTER 3 SERVICE DELIVERY THROUGH AB-HWCs

The service delivery including preventive, promotive, curative, rehabilitative health care is at three levels i.e.

i. Family/Household and community levels through outreach OPDs, Health Mela, Village Panchayat, Village and Home Visits, School and Anganwadi visits

ii. AB-HWCs

iii. Referral Facilities/Sites: Delivery of services closer to the community and close monitoring would enable increased coverage and help in addressing issues of marginalization and exclusion of specific population groups

The referral mechanism for AB-HWCs

The patients requiring advanced diagnosis and care would be appropriately referred to PHC or First Referral Unit (FRU), AYUSH dispensaries, co-located facilities at CHC/DH/AYUSH integrated hospitals, teaching hospitals, national level institutions, etc. as per pre-devised referral criteria.

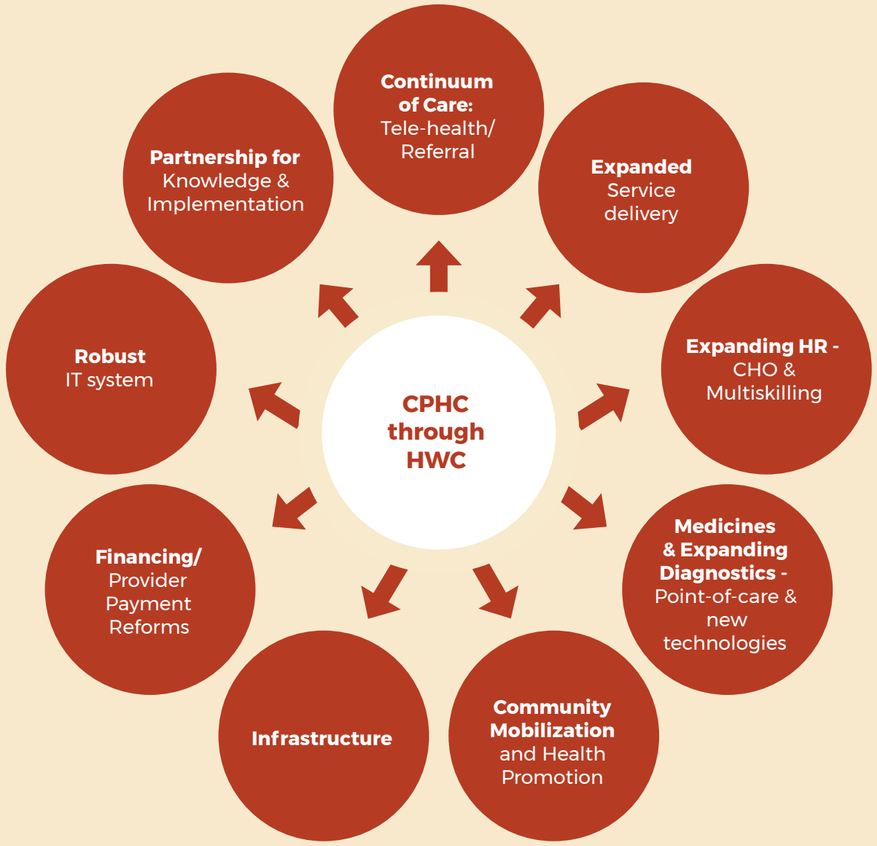
A two-way referral would be ensured between different level of health care facilities. For chronic disease conditions which require periodic specialist referral, tele-consultation platform would be utilized to facilitate the process.

Patients requiring advanced care will also be referred to Allopathic centres and vice versa depending upon the decision of Community Health Officer (CHO) in consultation with the Medical Officer at the parent PHC.

The continuum of care will be ensured through referral to higher centres and reverse referral to AB-HWCs.

Whenever patients come home after getting treatment from higher health care facilities, ensuring their day-to-day management including compliance to advice and follow-ups will be the responsibility of AB-HWCs team.

Key Components of the programme



Community Engagement

The AB-HWC team working closely with communities enables empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health.

The AB-HWCs also focus on **improving health literacy** through **Inter Personal Communication,** and media including social media, for **promotion of healthy lifestyles – diet, yoga, exercise, tobacco cessation, and self-care** for those with chronic disease conditions.

Institutional structures such as **Jan Arogya Samitis,** with representation from the local bodies and Panchayats, Self Help Groups and patients, have also been envisaged to enable community ownership and accountability of AB-HWC teams.

Access to free essential medicines and diagnostic services

The AB-HWCs will serve as the hub for dispensing medicines based on treatment plans initiated by the medical officer at the PHC.

Number of essential medicines at PHC-AB-HWCs have been increased to 171 and number of essential diagnostic services to 63. While at the SHC-AB-HWCs, these have been increased to 105 essential medicines and 14 essential diagnostic services.

This not only ensures the uninterrupted availability of medicines to ensure adherence and continuation of care, but also reduces any patient hardship by providing medicines closer to their homes.

Robust IT systems

The IT system includes the provision of a smart phone to the ASHA, and a tablet to the Multipurpose Worker and CHO, that will **enable registration of all individuals' record of services and outcomes,** increasing the **quality of care and accountability.** The patient can then be reached at the home/community level, for treatment adherence and follow-up measurements of vital parameters.

Teleconsultation services

The AB-HWCs provide teleconsultation services, whereby every level of service provider from CHO to Medical Officer is able to access a higher level of consultation, including with specialists in secondary and tertiary centres, so that physical travel by patients can be minimized, reducing costs and any potential hardship.

Health & Wellness Ambassadors and Messengers

AB-HWCs also include school health activities. Teachers in every school are being trained to serve as Health and Wellness Ambassadors; and students as Messengers. Since adolescence is the time when risk taking behaviours set in, the initiative will enable creating healthy habits in school leading to early action and encouragement to adopt healthy behaviours at young age, leading to prevention of chronic diseases later in life.

CHAPTER 4 Before and After AB-HWCs

BEFORE AB-HWCs	AFTER AB-HWCs
◆ **Selective Primary Health Care:** Limited to Reproductive and Child Health (RCH) and communicable diseases: addresses only about 20% of health care needs.	◆ **Comprehensive Primary Health Care:** Expanded range of services to include chronic disease conditions and Non-Communicable Diseases.
◆ Focused on men and women of reproductive age group – RCH oriented.	◆ Life cycle approach addressing all women and men across all ages spanning preventive, promotive, curative, rehabilitative and palliative aspect of care.
◆ Limited availability of medicines at peripheral centres leading to out-of-pocket expenditure (OOPE); poor adherence to treatment.	◆ Increased availability of medicines for chronic diseases at most peripheral facilities thus reducing expenditure incurred on medicines.
	◆ Medicines and diagnostics available at nearest AB-HWC and follow up at the community level – ensuring treatment compliance and ensuring behavioural modifications i.e., closer to the community.
◆ Low utilization of the vast network of Sub-Health Centers (SHCs) and Primary Health Centers (PHCs).	◆ Transforming SHC/PHC to AB-HWCs ensures Comprehensive Primary Health Care (CPHC) and reduces patient hardship by reducing the cost of transportation.
◆ Limited Human Resource availability at the Sub Centre level- one or two (ANMs) and five ASHAs.	◆ A Community Health Officer at SHC-AB-HWC to lead the team, to provide access to expanded range of services and to integrate public health and primary health care.
◆ Limited focus on preventive care and promotive care related to chronic disease conditions such as Hypertension and Diabetes.	◆ Health promotion and wellness focused efforts by primary health care team would address risk factors for chronic diseases and other conditions.

BEFORE AB-HWCs	AFTER AB-HWCs
◆ Primary level of health care facilities do not serve gate keeping functions, leading to crowded secondary level health care facilities.	◆ A strong network of AB-HWCs at sub district level would facilitate resolving more cases at primary level and thus reduce overcrowding at secondary and tertiary level facilities.
◆ People visiting peripheral health facilities had no access to tele-health.	◆ Improved network and referral linkages through teleconsultation/tele medicine platforms.
◆ Reporting and monitoring being done manually – duplication of records, overburdened staff, especially frontline workers.	◆ With availability of an IT platform, standardized digital health records, establishment of a seamless flow of information across all levels of care and continuum of care assured.
◆ At primary health care facilities, limited focus on wellness component.	◆ With AB-HWC, Wellness activities including Yoga are mainstreamed into the health care delivery system. Active engagement of Yoga practitioners also ensured at AB-HWC level.

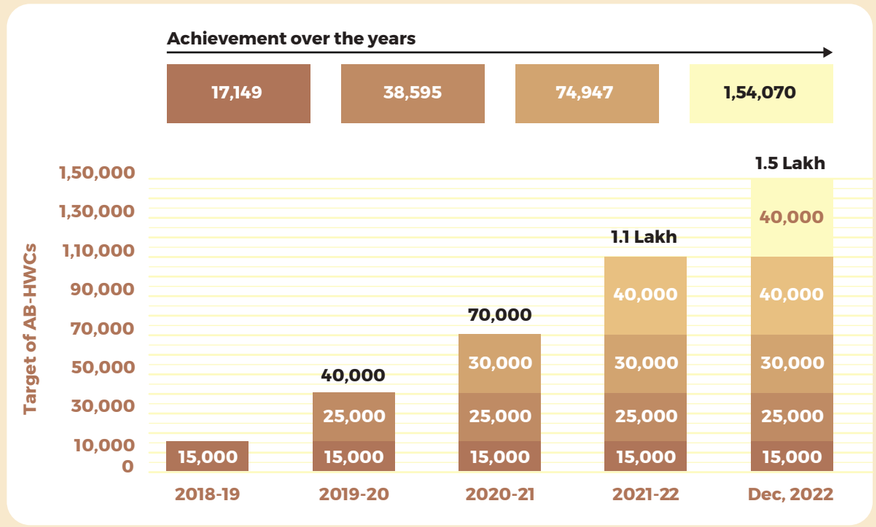
CHAPTER 5 AB-HWCs: JOURNEY SO FAR

- Feb, **2018** — **Budget Announcement for AB-HWCs FY 2018-19**
- 14th April, **2018** — **Inauguration of 1st AB-HWC at Jangla,**
- May, **2018** — **National Consultation on Comprehensive Primary Health Care**
- July, **2018** — **Operational Guidelines on CPHC finalized**
- Aug-Oct, **2019** — **FY 2019-20 4 Regional Workshops Conducted**
- 31st March, **2020** — **Operationalization of 38,595 AB-HWCs**
- 12th Dec, **2020** — **Release of Guidelines on Expanded Package of Services**
- 31st March, **2022** — **Operationalization of 117440 AB-HWCs**
- 29th Dec, **2022** — **Achieved the target of operationalizing 1,50,000 AB-HWCs across the country**
- 31st Dec, **2022** — **Operationalization of 1,54,070 AB-HWCs**
- 28th Feb, **2023** — **Operationalization of 1,57,698 AB-HWCs**

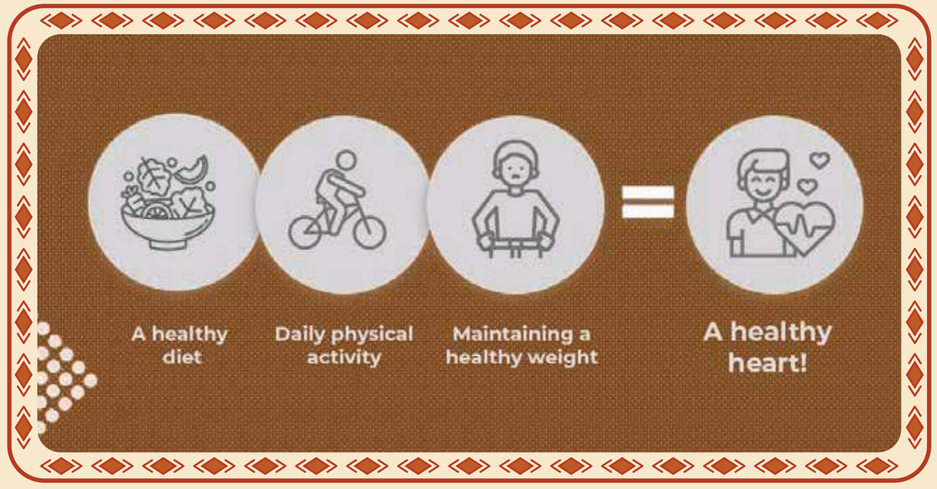
Given the magnitude of inputs required to strengthen the primary health care facilities, the operationalization of AB-HWCs was planned in a phased manner till the end of the year 2022.

Ayushman Bharat - Health and Wellness Centres

Targets and Achievements

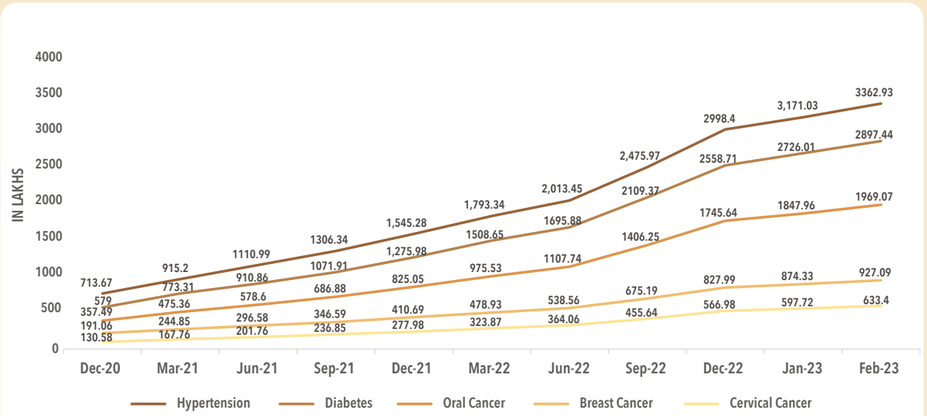


*AB-HWCs as on 31st December, 2022 for FY 2022-23.

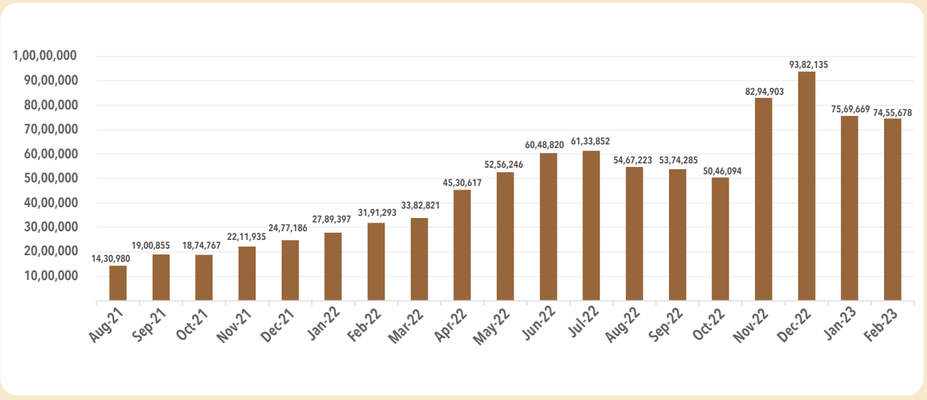


Over 33.62 crore Hypertension screenings done at AB-HWCs, as on 28th February, 2023

Progress of NCD Screening (Cumulative)



Teleconsultation conducted through ‘eSanjeevani’ (Cumulative)



*Note: August 2021 onwards

Status as on 28Th February, 2023 (Source: eSanjeevani Portal)

Total number of Teleconsultation conducted at AB-HWCs: **10.26 Cr**

Interventions for Communicable Diseases at AB-HWCs

- The primary health care team at SHC-AB-HWCs facilitate seamless linking of community and facility level interventions for **vector borne disease control.** The ASHA supported by the Village Health Sanitation and Nutrition Committees (VHSNCs) and Mahila Arogya Samitis (MAS) enable community health education on personal protective measures, undertaking measures for vector control or distribution of insecticide treated bed-nets.
- AB-HWCs also facilitate home, community and facility-based interventions for chronic communicable diseases such as **Tuberculosis (TB) and Leprosy.**
- ASHAs undertake active case finding for both TB and leprosy through Community Based Assessment Checklist (CBAC) which also serves as a way of enhancing community awareness.
- For TB, AB-HWC teams undertake home visits, counselling, contact investigation, sample collection and transportation, dispense anti TB medication, ensure referrals for testing for existence of conditions such as diabetes/HIV, linkages to Antiretroviral Therapy (ART) centre/DRTB centres, as required, collection of bank account details, to facilitate cash entitlements under the Nikshay Poshan Yojana, monitor for treatment adherence and facilitate follow-up.
- ASHA based surveillance system for leprosy is being implemented through AB-HWCs
- SHC-AB-HWCs are being equipped with all the **medicines for TB** and has access to telemedicine for consultation as required.
- The **annual health calendar** of AB-HWCs also facilitates organizing special events for several common infectious diseases.

147.32 crore footfalls at 1,57,698 AB-HWCs

28.97 Crore diabetes screening for 30+ aged individuals at 1,57,698 AB-HWC as on 28th February, 2023

Over 1.75 crore wellness sessions have been conducted at AB-HWCs as on 28th February, 2023

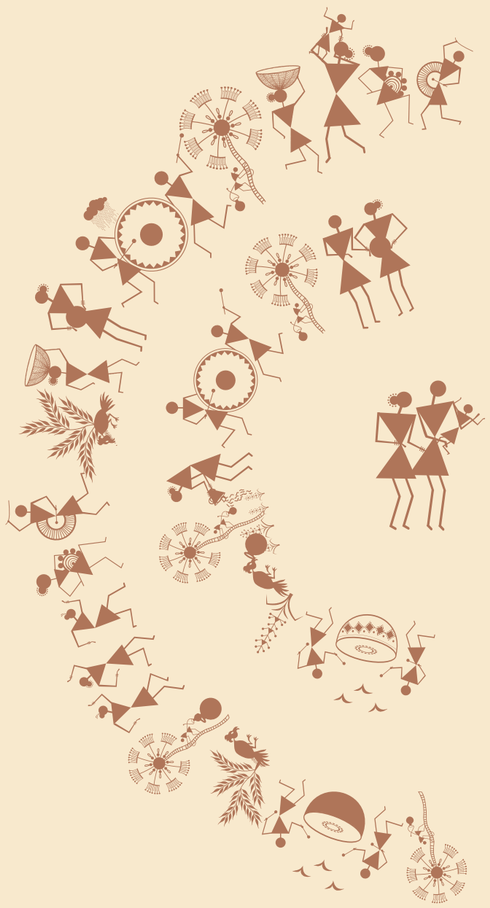
Service Delivery Framework

Health Care Services	Care at Community Level
Management of communicable diseases and general outpatient care for acute simple illness and minor ailments.	Symptomatic care for fevers, URIs, LRIs, body aches and headaches, with referral as needed. Identify and refer in case of skin infections and abscess.
	Preventive action and primary care for waterborne disease, like diarrhoea, (cholera, other enteritis) and dysentery, typhoid, hepatitis (A and E).
	Creating awareness about prevention, early identification and referral in cases of helminthiasis and rabies.
	Preventive and promotive measures to address musculo-skeletal disorders- mainly osteoporosis, arthritis and referral or follow up as indicated.
	Providing symptomatic care for aches and pains – joint pain, back pain, etc.

Care at the AB-HWCs - Sub Health Centres	Care at the Referral Site
Identification and management of common fevers, ARIs, diarrhoea, and skin infections (scabies and abscess).	Diagnosis and management of all complicated cases (requiring admission) of fevers, gastroenteritis, skin infections, typhoid, rabies, helminthiasis, acute hepatitis.
Identification and management (with referral as needed) in cases of cholera, dysentery, typhoid, hepatitis and helminthiasis.	Specialist consultation for diagnostics and management of musculo-skeletal disorders, e.g.- arthritis.
Management of common aches, joint pains, and common skin conditions, (rash/urticaria).	

Service Delivery Framework

Health Care Services	Care at Community Level	Care at the AB-HWCs - Sub Health Centres	Care at the Referral Site
Care in pregnancy and Child birth	Early detection of pregnancy	Early registration of pregnancy and issuing of ID number and Mother and Child protection card	Antenatal and postnatal care of high-risk cases
	Ensuring four antenatal care check-ups		
	Counselling regarding care during pregnancy including information about nutritional requirements	Antenatal check-up including screening of Hypertension, Diabetes, Anaemia, Immunization for pregnant woman-TT, IFA and Calcium supplementation	Blood grouping and Rh typing and blood cross matching
	Identifying high risk pregnancies and follow up		Linkage with nearest ICTC/PPTCT centre for voluntary testing for HIV and PPTCT services
	Enabling access to take home ration from Anganwadi centre	Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy	Normal vaginal delivery and Assisted vaginal delivery
	Follow up to ensure compliance with IFA in normal and anaemic cases	Normal vaginal delivery in specified delivery sites as per state context - where Community Health Officer(CHO)/ANM is trained as Skill Birth Attendant (Type B SHC)	Surgical interventions like Caesarean section
	Facilitating institutional delivery and supporting birth planning		Management of all complications including ante-partum and post-partum haemorrhage, eclampsia, puerperal sepsis, obstructed labour, retained placenta, shock, severe anaemia, breast abscess
	Post-partum care visits	Provide first-aid treatment and referral for obstetric emergencies, e.g. eclampsia, PPH, Sepsis, and prompt referral (Type B SHC)	Blood transfusion facilities
	Identifying complications related to child birth, post-partum complications and facilitating timely referrals		



Tweets

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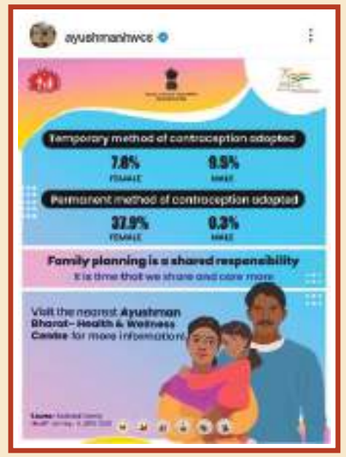

Calendar/Topical Days

Calendar/Topical Days

Calendar/Topical Days

Swasthya samwaad

Swasthya samwaad

Swasthya samwaad

Swasthya samwaad

CHAPTER 6 AB-HWCs: MAKING A DIFFERENCE


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1.5 lakh Ayushman Bharat Health and Wellness centres being prepared: PM Modi

Prime Minister Narendra Modi says at least 1.5 lakh Ayushman Bharat Health and Wellness Centres are being prepared with a focus on providing quality healthcare services which are free for everyone to all age groups, through a continuum of care approach.

Authored by: Ashima Sharda Mahindra | Updated Mar 8, 2023 | 11:17 AM IST

UP NEXT


Ayushman Bharat Health and Wellness Centres giving new life to rural patients

The total functional AB-HWCs in Haryana are 2497, which includes 1632 SHCs, 391 Primary health care (PHCs), and 183 urban primary health centres (UPHCs).

ANI – February 25, 2023, 12:13 IST

New Delhi: The Ayushman Bharat Health and Wellness Centre (HWCs), a scheme for preventive, promotive curative, rehabilitative and palliative care are giving new life to rural patients.

These centres are more than 1.5 lakhs in number. Visited a few of HWCs which are run by different states like Uttar Pradesh and Haryana.


Firstpost.

HEALTH

Sevenfold increase in PM Modi's flagship Ayushman Bharat Health and Wellness Centres in 2018-2022

According to Union Minister of Health and Family Welfare, Mansukh Mandaviya, 1.5 lakh Ayushman Bharat Health and Wellness Centres have been established across the country so far.

HT Staff | September 28, 2022 11:42:48 IST


Jan Aushadhi Diwas: How it enhanced access to medicines and helped save lives

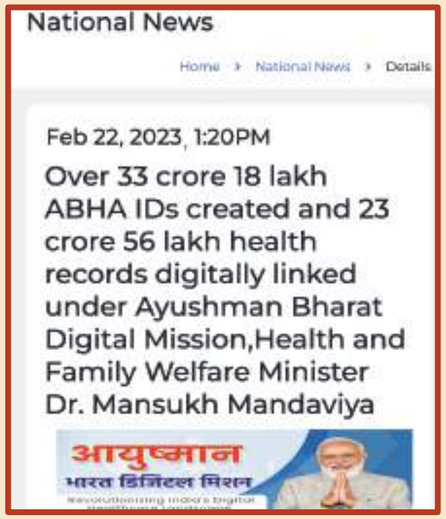
Pradhan Mantri Bhartiya Janaushadhi Pariyojana

Celebrates

Jan Aushadhi Diwas 2023

on 7th March 2023

9000 1759 280 50% to 80%


National News

Home › National News › Details

Feb 22, 2023, 1:20PM

Over 33 crore 18 lakh ABHA IDs created and 23 crore 56 lakh health records digitally linked under Ayushman Bharat Digital Mission,Health and Family Welfare Minister Dr. Mansukh Mandaviya


The National Telemedicine Service, "eSanjeevani," a digital health initiative of the ministry supports two types of teleconsultation services – Doctor-to-Doctor (eSanjeevani) and Patient-to-Doctor (eSanjeevani OPD) teleconsultations.

The eSanjeevani was rolled out in November 2019 as an important component of the Ayushman Bharat Health and Wellness Centre (AB-HWCs) programme. "The Government of India's national telemedicine platform – eSanjeevani- registered another landmark by providing teleconsultation services to 10 crore beneficiaries," Mandaviya said.


ThePrint

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India

India surpasses 1,50,000 Ayushman Bharat Health and Wellness Centres before Dec 31 deadline

ANI 30 December, 2022 07:13 pm IST

[Downloaded free from http://www.ijncd.org on Saturday, March 11, 2023, IP: 255.75.4.166]

Review Article

Health and Wellness Centres as a strategic choice to manage noncommunicable diseases and universal health coverage

Aravind Gandhi P, Ria Nangia, J. S. Thakur
Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, India

SpringerLink

Review Article | Published: 08 July 2020

Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward

Chandrakant Lahariya

The Indian Journal of Pediatrics **87**, 916–929 (2020) | Cite this article
6193 Accesses | **10** Citations | **14** Altmetric | Metrics

Abstract

In February 2018, the Indian Government announced Ayushman Bharat Program (ABP) with two components of (a) Health and Wellness Centres (HWCs), to deliver comprehensive

Glossary:

AB-HWCs	Ayushman Bharat – Health and Wellness Centres
AB-PMJAY	Ayushman Bharat –Pradhan Mantri Jan Arogya Yojna
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Mid-wife
ART	Anti-retroviral Treatment
ARI	Acute Respiratory Infection
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
CBAC	Community Based Assessment Checklist
CPHC	Comprehensive Primary Health Care
CHC	Community Health Centre
CHO	Community Health Officer
DH	District Hospital
DRTB	Drug Resistant Tuberculosis
ENT	Ear, Nose, Throat
FY	Financial Year
FRU	First Referral Unit
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling and Testing Centre
IFA	Iron Folic Acid
IPHS	Indian Public Health Standards
IT	Information Technology

JAS	Jan Arogya Samiti
LRI	Lower Respiratory Tract Infection
MAS	Mahila Arogya Samiti
MDGs	Millennium Development Goals
MoHFW	Ministry of Health and Family Welfare
NCD	Non-Communicable Diseases
NHM	National Health Mission
NHP 2017	National Health Policy 2017
OPD	Outpatient Department
OOPE	Out of Pocket Expenditure
PBS	Population Based Screening
PHC	Primary Health Centre
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive and Child Health
RMNCAH+N	Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition
SDH	Sub District Hospital
SHC	Sub Health Centre
STGs	Standard Treatment Guidelines
TB	Tuberculosis
TT	Tetanus Toxoid
URI	Upper Respiratory Tract Infection
VHSNCs	Village Health, Sanitation and Nutrition Committees

> Remote healthcare and telemedicine will reduce health access divide between urban and rural India
>
> **-Prime Minister Narendra Modi**