

Summary of the proposals submitted under the BHSRC Grant

Economic Costing of Health and Wellness Centers under Ayushman Bharat, Gujarat

- Institute of Economic Growth, Delhi
- Indian Institute of Public Health, Gandhinagar

Overview. The two main approaches of conversion of health facilities to Health and Wellness Centers (HWCs) are Sub Centers to HWC and at the Primary Health Center to HWC. The personnel planning, service basket, and infrastructural requirements are quite different between these two models.

The HWC at the Sub Health Centre level is to be led by a Mid-Level Health Provider (MLHP) equipped and staffed by an appropriately trained PHC team, comprising of male and female Multi-Purpose Workers (MPVs) & Accredited Social health Workers. It would offer an expanded range of primary care services.

As for the HWC at the PHC level, the Medical Officer would be responsible for ensuring that Comprehensive Primary Health Care (CPHC) services are delivered through the HWC. The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards (IPHS). For PHCs to be strengthened to HWCs, support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians), and provision of equipment for "Wellness Room", the necessary IT infrastructure and the resources required for up-grading laboratory and diagnostic support to complement the expanded ranges of services would be provided. Hence the costs of running these two centers cannot be the same and justifies a comprehensive costing exercise for each type of model.

Objective. Study the different HWC models functioning in the state of Gujarat

1. Estimate the total economic costs of each type of HWC
2. Study a few additional models of HWC in other parts of the country – in the government and outside – and cost these if time and resources permit
3. Literature review of functional models of primary care globally with a focus on costs

Methodology. For data collection purpose, the researchers will select 6 HWCs spread across Gujarat. There will have a) two SC based HWCs from Bhavnagar and Surat region, b) two PHC based HWCs from Ahmedabad and Vadodara regions, c) one UPHC based HWC from Gandhinagar region, and d) one CUPHC based HWC from Rajkot region. The selection of actual HWC from each region will be done in consultation with the state authorities.

Output. The study will enable an analysis of the following:

- (a) Costs per HWC
- (b) Share of various components of the program in total cost
- (c) Distribution of costs across the different bearers of such costs, and
- (d) Resource implications of scaling up and the long run sustainability of the program.

The costs will be collected on a standard format using a bottoms-up approach, for the straightforward items like designated additional staff, additional drugs, machinery and equipment and other materials and supplies. Intensive discussions with concerned personnel and several visits to the selected centers will be done. This will include stakeholder discussions, including senior programme managers and other senior policymakers.