

Annexure

Salient features of

Pradhan Mantri - Atmanirbhar Swasth Bharat Yojana (PMASBY)

1. Enhanced Public Health Capacities and Service Delivery:

- A paradigm shift in provision of Urban Primary Health Care services with establishment of 11,024 new urban Health and Wellness Centers across the country with a focus on slum and slum like areas. These urban HWCs will provide Health promotion, preventive services plus Healthcare services, Free medical consultation, free Drugs, Free Diagnostics as well as outreach to the community for Public health activities (e.g for Immunisation, TB, Malaria/ Dengue prevention etc). Strengthening of the Health & Wellness Centers, especially in urban areas, shall provide further impetus to efforts of the Government for providing Comprehensive Primary Health Care and enable citizens for universal access to basic diagnostic and treatment services and will take care closer to communities in both rural and urban areas. This will also build a trained frontline health workforce to respond to any public health emergency.
- Infrastructure support for 17,788 Ayushman Bharat Health and Wellness Centres in rural areas in seven High Focus States (Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh and West Bengal) and three NE States (Assam, Manipur and Meghalaya). For other States/UTs support will continue through the XV Finance Commission and the National Health Mission.
- 3,382 Block Public Health Units 11 High Focus States/UTs (Assam, Bihar, Chhattisgarh, Himachal Pradesh, UT-Jammu and Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand) to strengthen public health functions such as surveillance, epidemiological investigations along with enhanced capacities for clinical diagnostic services. For other States/UTs support will continue through the XV Finance Commission and the National Health Mission.
- Integrated District Public Health Labs in all districts.
- 50/100 bedded Critical Care Hospital Blocks in Districts with more than 5.0 lakhs population.
- Referral linkages for other districts.
- 150 bedded Critical Care Hospital Blocks in 12 Central Institutions viz, AIIMS at Delhi, Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh, PGIMER at Chandigarh, JIPMER at Puducherry, RIMS at Imphal, NEIGRIMS, Shillong and IMS of BHU at Varanasi.

2. Enhanced capacities for Surveillance and Health Emergency Response:

- Setting up of five Regional NCDCs across the country - One each in West, North, South, Central and North-East.
- 20 Metropolitan Public Health surveillance units.
- Strengthening and Upgradation of National Center for Disease Control by strengthening of its various Divisions viz, Epidemiological Intelligence Services (EIS), Bio-security and Biological Threat Reduction, International Health Regulations implementation, Occupational Health & Climate Change Division, National AMR Containment Program, Inter-sectoral Coordination programme and Division for surveillance of Fungal and Zoonotic Infectious Diseases.
- Strengthening Points of Entry (airports, seaports and land crossings) by establishing 17 New Field Health Units (13 APHOs + 4 LBHUs) and strengthening of 33 Existing Field Health Units (19 APHOs + 11 PHOs + 3 LBHUs).
- Two state-of-the-art Self-contained container based mobile hospitals and 15 Health Emergency Operation Centres (HEOCs) towards Strengthening Disaster and Epidemic Preparedness and response.

3. Research, Pandemic Preparedness and One Health:

- Bio-security preparedness and strengthening Pandemic Research and Multi-Sector, National Institution and Platform for One Health Establishment of NIV Central Zone
- Establishment of NIV East Zone
- Establishment of NIV North Zone
- Establishment of NIV South Zone
- Setting up of a Division for Research on Disease Elimination Sciences & Health in ICMR- National Aids Research Institute (NARI), Pune
- Regional Research Platform of WHO-South East Asia Region Countries
- Upgradation of 5 Viral Research and Diagnostic Labs (VRDLs) into BSL-III labs
- Strengthening of already functional 80 VRDL Labs established under Central Sector scheme of establishment of Network of Laboratories for Managing Epidemics and natural Calamities
- Setting up of 4 Mobile BSL-III Laboratories
- Supporting research in NIV Pune and other ICMR associated research institutes
- Support to MDMS Division for Development of technologies for epidemiological diseases
- Supporting research activities in VRDLs, Multi-Disciplinary Research Units (MRUs) and Model Rural Health Research Units (MRHRUs)
- Capacity Building, Community Engagement and Risk Communication / Implementation Management

4. Employment Generation

- It is expected that approximately 1.20 lakh additional HR will be engaged for implementation of various initiatives under the Scheme, over a period till 2025-26.

5. Outcomes:

- Proposed components under the PMASBY, such as setting up of the National Platform for One Health, setting up a Division for Research on Disease Elimination Sciences & Health as a Satellite Centre of National Aids Research Institute at Pune, setting up of four Regional NIVs, strengthening of existing National Research Institutions, the NCDC and existing laboratory infrastructure, upgradation of labs and creation of additional BSL-3 facilities under the ICMR and the NCDC, will further strengthen the country capacity to detect & diagnose new infections.
- The planned interventions will also lead to availability of adequately trained manpower who can contribute to diagnosis and research on novel pathogens and biological threats, reducing dependence on foreign partners and laboratories.
- The initiatives proposed under the PMASBY shall strengthen delivery of healthcare services across the full continuum of care. Strengthening of the Health & Wellness Canters, especially in urban areas, shall provide further impetus to efforts of the Government for providing Comprehensive Primary Health Care and enable citizens for universal access to basic diagnostic and treatment services and will take care closer to communities in both rural and urban areas. This will also build a trained frontline health workforce to respond to any public health emergency.
- Development of Critical Care Hospital Blocks at district level as proposed under the scheme, shall make districts self-sufficient, in providing comprehensive treatment for infectious diseases without disruption to the other essential health services and augment the critical care capacities in the public health facilities.
- Initiatives such as strengthening of Points of Entry will ring fence our borders against the import of new infectious diseases and pathogens. Health Emergency Operation Centres and the container based mobile hospitals shall further build capacities for effective emergency response during such times.
- Setting up of the national, regional, state, district and block level laboratories integrated into a network for surveillance functions, backed by a robust I.T. based reporting mechanism through the Integrated Health Information Platform (IHIP), shall lead to self-reliance for detection, prevention and containment of disease outbreaks.

Pradhan Mantri Atmanirbhar Swasth Bharat Yojana (PM-ASBY)

State/UT: Telangana

**Component-wise fund allocation of CSS components under PMASBY for five years
from FY 21-22 to 25-26 (Central, State and FC XV Share)**

Sl.No.	CSS Component	No of Units approved for the State	Amount Sanctioned under PMASBY (In Rs Crores)			
			Central Share	State Share	15th FC Share	Total
1.	Urban Health and Wellness Centres	530	231.28	154.19	573.00	958.47
2.	District Integrated Public Health Labs	33	40.64	27.10	-	67.74
3.	Critical Care Blocks	31	549.48	366.32	-	915.79
3a	100 Bedded Blocks in District Hospitals	2	48.06	32.04	-	80.1
3b	50 Bedded Blocks in District Hospitals	21	387.42	258.28	-	645.69
3c	50 Bedded Blocks in Govt Medical Colleges	8	114.00	76.00	-	190.00
Grand Total Financial outlay to Telangana			821.40	547.60	573.00	1942.00

Component-wise physical deliverables under PMASBY for five years (year-wise):

Components	2021-22	2022-23	2023-24	2024-25	2025-26	Total
	Units	Units	Units	Units	Units	Units
AB-HWCs in urban areas	50	125	224	349	530	530
District Integrated Public Health Labs	4	6	6	6	11	33
Critical Care Blocks (100 bedded)	-	-	-	-	2	2
Critical Care Blocks (50 bedded)	2	4	4	4	7	21
Critical Care Blocks (Medical Colleges 50 bedded)	1	2	2	2	1	8
Total Critical Care Blocks	3	6	6	6	10	31