

Research Correspondence

Functionality of *Ayushman Arogya Mandirs* for hypertension & diabetes care in nine districts of India

Sir,

Primary healthcare ensures accessible, affordable, and equitable services for all, supporting prevention, early detection, and continuity of care. India is committed to achieving universal health coverage through strengthening primary healthcare. As part of this effort, the *Ayushman Arogya Mandirs* (AAMs), formerly known as Health and Wellness Centres (HWCs), are established to deliver comprehensive primary healthcare (CPHC). All existing primary health centres (PHCs) and sub-health centres (SHCs) are being transformed into AAMs; as of now, about 178 thousand facilities have been transformed¹.

In India, the burden of non-communicable diseases (NCDs) is increasing due to population development and, thereby, epidemiological transition. It is estimated that 63 per cent of all deaths in India are due to NCDs, of which 28 per cent are attributed to cardiovascular diseases (CVDs)^{2,3}. Hypertension and diabetes are major risk factors for CVDs, and about 28.5 per cent and 9.3 per cent of the adult Indian population are affected by these two conditions³, respectively. Hence, NCD care has been included as one of the 12 CPHC services, and as part of this, population screening and opportunistic screening are conducted at all AAMs. Additionally, at the SHC-AAM level itself, treatment is initiated through teleconsultation. Dispensing medicines through HWC teams is maintained to improve compliance, and referrals are made if required.

This write-up provides a scientific and rationale-based assessment of the service delivery strength of SHC-AAMs to deliver care for hypertension and diabetes. The Indian Council of Medical Research (ICMR) publishes data on the functioning of health facilities in the country from time to time and identifies the key gaps and opportunities to strengthen service delivery. The current paper presents the findings based on data collected during the second half of 2024. It

reports the functionality of SHC-AAMs for the care of hypertension and diabetes in nine districts of India.

The data for this paper were drawn from the facility surveys conducted in nine districts including a municipal corporation spread across eight States and a Union Territory. These districts are Alluri Sitharama Raju (Andhra Pradesh), Ambala (Haryana), Chamarajanagar (Karnataka), Dadra and Nagar Haveli (Dadra and Nagar Haveli and Daman and Diu), Jagatsinghpur (Odisha), and Pimpri-Chinchwad Municipal Corporation (Maharashtra), Salumbar (Rajasthan), Tehri (Uttarakhand) and Wayanad (Kerala). For this survey, 561 SHC-AAMs were selected, and the checklist was developed based on the guidelines of the Indian Public Health Standards-2022⁴. The Institutional Ethics Committees of the institutes that carried out the study at nine sites approved the study protocol. The purpose of the study was explained to the AAM team, and informed consent was taken from all the participants.

About 94 per cent of SHC-AAMs were headed by Community Health Officers or Mid-Level Health Providers (Table). The diagnostics for hypertension and diabetes were available in 85 and 83.8 per cent of SHC-AAMs, respectively. Similarly, the essential drugs for hypertension and diabetes were available in 78 per cent of SHC-AAMs.

The study reports a substantial improvement in the capacity and functionality of SHC-AAMs in terms of human resources, availability of diagnostics, and essential drugs for hypertension and diabetes. Studies conducted before the launch of *Ayushman Bharat* (before 2018) reported financial constraints, higher reliance on private facilities for hypertension and diabetes care, as well as a limited role for public sector facilities due to the lack of diagnostics and frequent stockouts of medicines at primary healthcare facilities⁵. With the launch of *Ayushman Bharat*, this situation has been improving⁶⁻⁸. The populations

Table. Functionality of Sub-Health Centre-Ayushman Arogya Mandirs (SHC-AAMs) for hypertension and diabetes care in nine districts of India*

Variable	n (%)
Total number of SHC-AAMs surveyed	561
Availability of community health officer/ mid-level health provider	528 (94.1)
Availability of diagnostics	
Blood pressure apparatus	477 (85)
Glucometer	470 (83.8)
Availability of at least two essential hypertension drugs	439 (78.3)
Availability of at least two essential diabetes drugs	440 (78.4)

*Districts covered: Alluri Sitharama Raju (Andhra Pradesh), Ambala (Haryana), Chamaraajanagar (Karnataka), Dadra and Nagar Haveli (Dadra and Nagar Haveli and Daman and Diu), Jagatsinghpur (Odisha), Pimpri-Chinchwad Municipal Corporation (Maharashtra), Salumbar (Rajasthan), Tehri (Uttarakhand), Wayanad (Kerala)

served by AAMs demonstrated improved management of hypertension and diabetes within the public health system, with approximately 70 per cent of individuals initiated on treatment at these facilities⁶. AAMs also reported robust retention along the continuum of care, supported by the adequate availability (greater than 80%) of antihypertensives and oral hypoglycaemic drugs^{7,8}. These results show a significant improvement in service delivery compared to earlier health sub-centres, which had limited diagnostic services, irregular availability of medicines, and low treatment coverage. The present study reports that AAMs are functional for diagnosis, treatment initiation, and continuity of care for hypertension and diabetes. The situation highlights the expanded services for NCDs at primary healthcare facilities. The study's limitations include the possibility of reporting bias during the facility surveys; however, care was taken to obtain information from appropriate healthcare providers, stock checks were made, and repeat visits were conducted to ensure the reliability of the information.

In conclusion, the findings of the present study, conducted in 561 AAMs from nine districts across India, demonstrate effective functionality of AAMs for providing comprehensive care for hypertension and diabetes. Continuing this progression, with quality checks, will lead to the strengthening of *Ayushman Bharat* initiatives, which are essential to achieve the goal of universal health coverage in India.

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