



BACKGROUNDERS

Press Information Bureau

Government of India

PM-ABHIM

Building Pandemic-Ready Healthcare Infrastructure

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Key Takeaways

- PM-ABHIM allocates Rs. 64,180 crore (2021-26) to strengthen India's health infrastructure for **pandemic preparedness and emergency response**
- Launched in October 2021, it **upgrades healthcare facilities from primary to tertiary levels** including AAMs, labs, critical care blocks, and surveillance systems nationwide
- The mission advances **universal health coverage goals** and aligns with SDG-3 targets

Introduction

During the COVID-19 pandemic, public health services—testing, case detection, surveillance, outbreak management, critical care, and others—were in high demand. The pandemic highlighted the need to reinforce India's health system at the primary, secondary, and tertiary levels, to ensure effective responses to future outbreaks, emergencies, and evolving public health trends.¹

¹https://mohfw.gov.in/sites/default/files/Operational%20Guideline%20%28CSS%20Component%29_PM-ABHIM.pdf

Launched on October 25, 2021, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) looks at infrastructure in health, research and surveillance. With an investment of Rs. 64,180 crore over the period 2021-26, the scheme works to expand and strengthen primary healthcare institutions, expand disease surveillance systems, support health research and build pandemic preparedness, while advancing India's universal health coverage goals, through the construction of Ayushman Arogya Mandirs, public health labs, and critical care facilities.

Pandemic Agreement of the World Health Organisation

In May 2025, WHO member states adopted the world's first Pandemic Agreement after three years of negotiations in response to COVID-19. The agreement aims to make pandemic responses more equitable and strengthen global coordination in prevention, preparedness and response—ensuring fair access to vaccines, diagnostics and therapeutics.

The resolution outlines steps toward implementation, including drafting an annex to establish a Pathogen Access and Benefit-Sharing (PABS) system through an Intergovernmental Working Group (IGWG). Once adopted by the World Health Assembly and ratified by 60 countries, the Agreement will then enter into force.

Member States also directed the IGWG to enable setting up of the Coordinating Financial Mechanism for pandemic prevention, preparedness and response, and the Global Supply Chain and Logistics Network (GSCL) to ensure timely and affordable access to health products during pandemics. The Agreement complements the International Health Regulations, amended last year to enhance global outbreak detection and response.¹¹

Policy Framework

PM-ABHIM strengthens India's health system by building on the National Health Policy 2017 and converging with the National Health Mission and the Ayushman Bharat scheme. They are major health initiatives of the Government of India, and while they are distinct programs, they are closely related and complementary in their goals.

Policy Foundation: National Health Policy 2017

The **National Health Policy 2017** emphasises the importance of community health systems, including trained first responders working in collaboration with local self-government and community-based organisations, which are crucial for disaster preparedness and public health emergencies.²

² National Health Policy 2017, page 14: <https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

The **National Health Mission**—launched in 2005—establishes community-owned and decentralised health systems to provide accessible, affordable, and quality healthcare services to vulnerable populations. NHM has driven substantial progress in multiple areas, including maternal and child health, disease elimination, and healthcare infrastructure. The mission's efforts have been integral to India's health improvements, particularly during the COVID-19 pandemic, and have played a vital role in ensuring more accessible and quality healthcare services across the country.

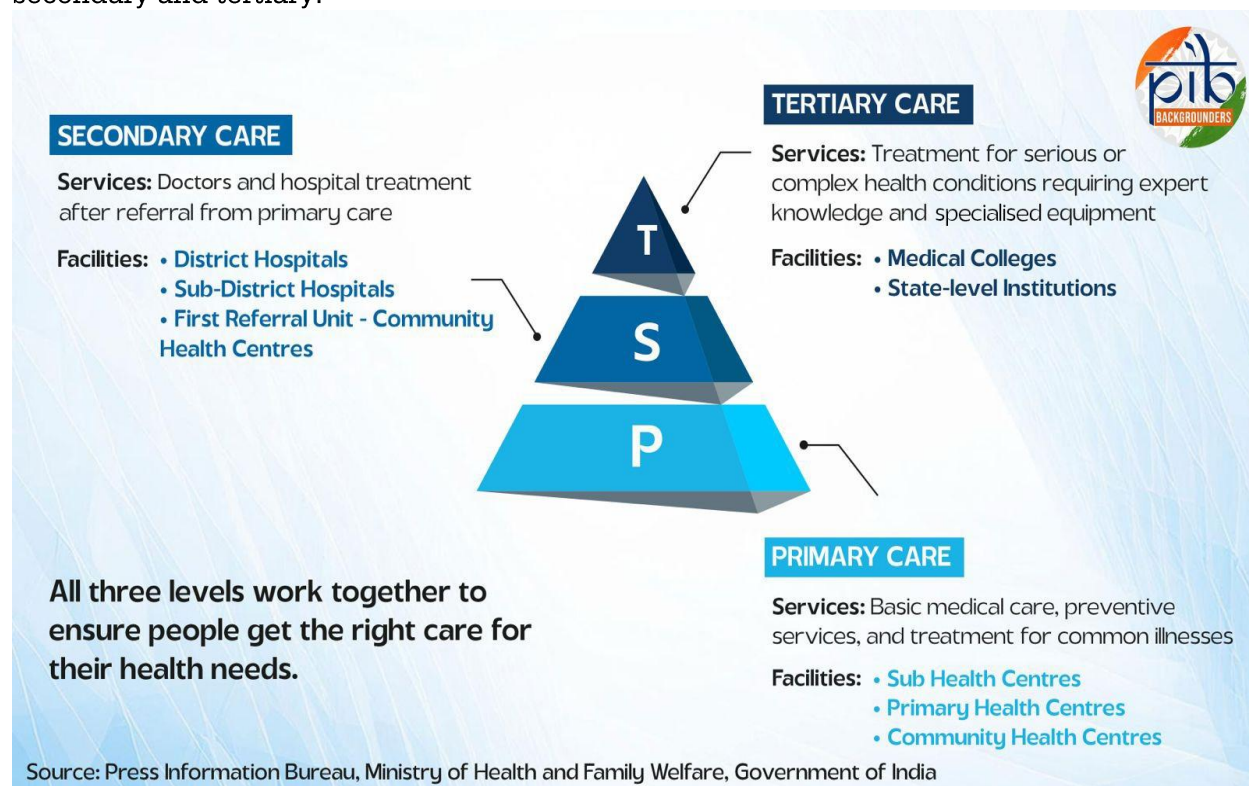
While the National Health Mission had established the foundation for community-based healthcare delivery, the 2017 National Health Policy reinforced these priorities and set the stage for further enhancement through the Ayushman Bharat scheme upon which PM-ABHIM now builds.

Ayushman Bharat Scheme

Launched in 2018, the Ayushman Bharat scheme builds on NHM's foundation to strengthen primary healthcare delivery through four **key pillars**:

1. **Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY)**
2. **Ayushman Aarogya Mandirs (AAM)**
3. **Ayushman Bharat Digital Mission (ABDM)**
4. **PM–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**

Ayushman Bharat makes quality healthcare accessible on all three levels – primary, secondary and tertiary.



PM-ABHIM: Key Objectives and Components

Launched in 2021, the **Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is one of India's largest pan-national programmes aimed at developing a **resilient, accessible, and self-reliant public health system**.

The Mission focuses on strengthening health infrastructure from the grassroots to the district level through **establishment and upgradation of Ayushman Arogya Mandirs (AAMs), Block Public Health Units, Integrated District Public Health Labs, and Critical Care Hospital Blocks** in every district. These facilities aim to bridge service delivery gaps and ensure comprehensive primary, secondary, and critical care closer to communities.

PM-ABHIM also prioritises **pandemic and disaster preparedness** by expanding an **IT-enabled, real-time disease surveillance network** that integrates laboratories at block, district, regional, and national levels to detect, investigate, and prevent outbreaks effectively³.

Additionally, it promotes **health research and innovation**, particularly on COVID-19 and other infectious diseases, by advancing the **One Health approach**⁴, which recognises the interdependence of human, animal, and environmental health⁵.

The Mission also aims to fill critical gaps in both urban and rural areas by creating Urban Health and Wellness Centres (AAM) in slum areas and converting Sub-Centres into AAMs.

Collectively, **PM-ABHIM** envisions a robust health ecosystem capable of withstanding future health emergencies while ensuring equitable and quality healthcare for all citizens.



Ending epidemics of communicable diseases by 2030, achieving universal health coverage and providing access to safe and affordable medicines and vaccines for all are some targets of the Sustainable Development Goal – 3. The Government of India supports the SDGs.⁶

³<https://www.pib.gov.in/PressReleasePage.aspx?PRID=2037420>

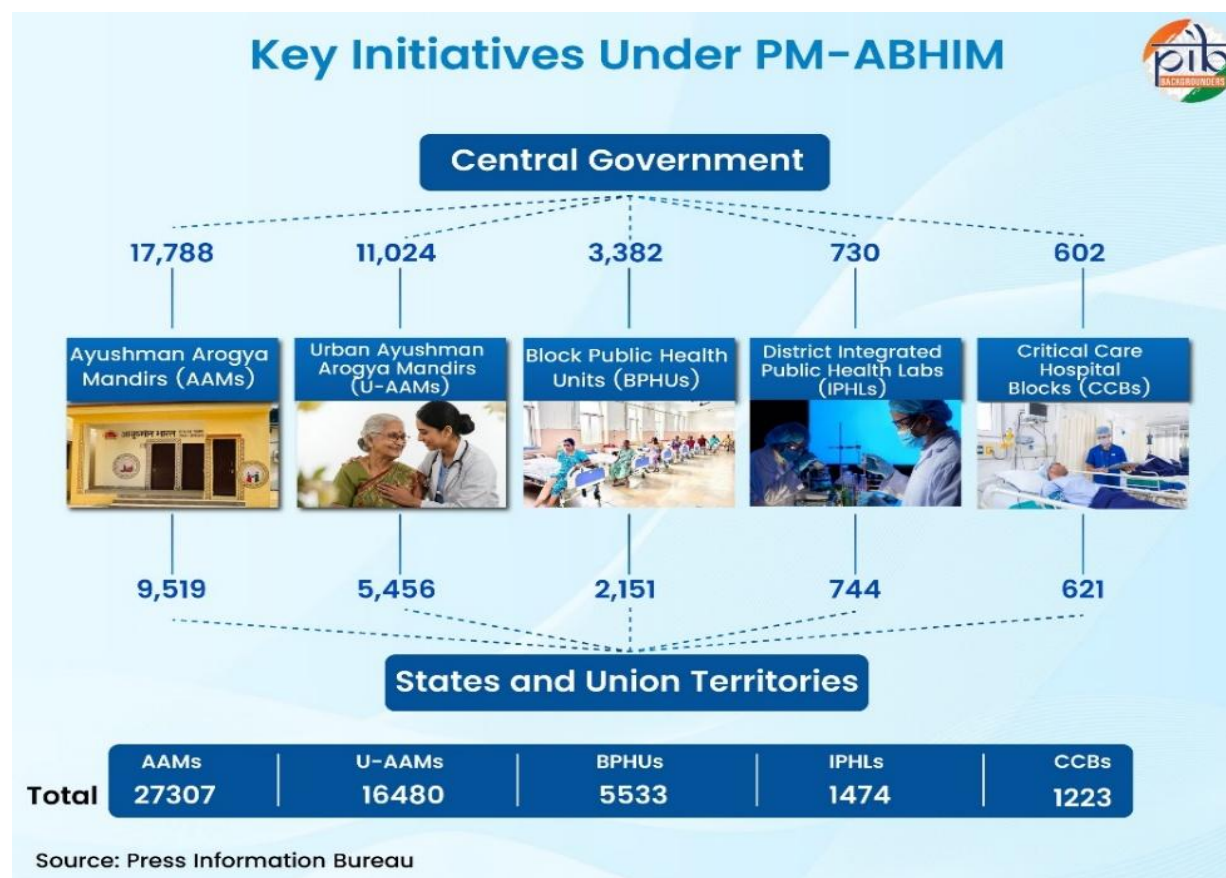
⁴ Operational Guidelines for PM-ABHIM, Page 5 -

https://mohfw.gov.in/sites/default/files/Operational%20Guideline%20%28CSS%20Component%29_PM-ABHIM.pdf

⁵https://www.who.int/health-topics/one-health#tab=tab_1

⁶https://www.un.org/sustainabledevelopment/wp-content/uploads/2023/09/Goal-3_Fast-Facts.pdf

PM-ABHIM: Key Initiatives



The Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has made significant progress under its **Centrally Sponsored Scheme (CSS)** component, which focuses on strengthening health infrastructure at all levels during FY 2021–22 to FY 2025–26.

As per the latest data, 17,788 building-less Sub-Health Centres have been approved for upgradation into **Ayushman Arogya Mandirs (AAMs)**, and 11,024 **Urban AAMs (U-AAMs)** are being set up to extend primary healthcare in slum and underserved urban areas. In addition, 3,382 **Block Public Health Units (BPHUs)** are being established to bolster block-level health administration and service delivery, while 730 **Integrated Public Health Laboratories (IPHLs)** are being developed—one in each district—to enhance diagnostic and surveillance capabilities. To strengthen tertiary care, 602 **Critical Care Hospital Blocks (CCBs)** are being set up in districts with populations exceeding five lakh.

Overall, administrative approvals worth ₹32,928.82 crore have been accorded to States and Union Territories for these initiatives, covering 9,519 AAMs, 5,456 U-AAMs, 2,151 BPHUs, 744 IPHLs, and 621 CCBs. Together, these efforts mark a major step toward building a resilient, decentralised, and accessible public health network capable of delivering timely and quality healthcare across the country.

Allocation of Resources

The financial year-wise break-up of allocation of resources under PM-ABHIM (in crore rupees) is as follows:⁷

Component type	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Centrally Sponsored Scheme (CSS)						
Central Share	2412.91	3942.80	3361.67	4495.12	7914.89	22127.39
State Share	1388.16	2276.34	1962.40	2655.64	4522.42	12804.95
15th FC share	2026.98	2965.34	4000.04	4743.88	5536.19	19272.43
Sub-total of CSS Components	5828.04	9184.48	9324.11	11894.64	17973.50	54204.78
CS components	3327.92	1280.61	1691.69	1656.65	1382.89	9339.78
Grand Total	9155.97	10465.09	11015.80	13551.30	19356.40	63544.56
Grand Total with M&E and PMC @1% of scheme						64180

Conclusion

Four years after its launch, PM-ABHIM has transformed India's health infrastructure, investing Rs. 64,180 crore to strengthen pandemic preparedness and emergency response capabilities. By upgrading facilities from primary to tertiary care levels and enhancing surveillance systems, the scheme has built a more resilient healthcare system. As India progresses toward Universal Health Coverage and SDG-3 targets, PM-ABHIM's community-focused approach—integrated with Ayushman Bharat initiatives and aligned with global health frameworks—ensures the nation is better prepared to protect public health in times of crisis.

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⁷ Page 8 - https://mohfw.gov.in/sites/default/files/Operational%20Guideline%20%28CSS%20Component%29_PM-ABHIM.pdf

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