

Universal Health Coverage in India: Challenges and Future Directions of Ayushman Bharat''

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Abstract

The Ayushman Bharat initiative was started in the year 2018, aims to offer or provide India enormous population full health care. This study examines the scheme's design, implementation, and impact on rural healthcare in India. According to our research, the program or initiative has improved rural communities' access to healthcare and financial security, but there are remain some issues, such as supply and market discrepancies, insufficient government funding for healthcare and inadequate rural health facilities. This editorial offers a comprehensive analysis of India's Ayushman Bharat program or initiative, a pioneering universal healthcare program designed or develop the design that tackles the country's healthcare disparities. The review examines the initiative's development, scope, implementation, and response to the COVID-19 pandemic. It showcases the program's achievements in expanding healthcare access, providing financial security, and upgrading healthcare infrastructure. The editorial also identifies key challenges, including mismatches between healthcare supply and demand, insufficient government funding, and difficulties in accessing quality healthcare in rural areas. By highlighting the initiative's benefits and challenges, this review aims to promote awareness and adoption among eligible beneficiaries, positioning Ayushman Bharat as a potential model for global healthcare equity.

Keywords: Universal Health Care for All, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Ayushman Bharat, Global Healthcare Systems, Health Services in India

Introduction

India's Ayushman Bharat initiative, launched in 2018, aims to bridge the healthcare gap between rural and urban areas. This flagship program seeks to achieve Universal Health Coverage, aligning with India's National Health Policy 2017 and Sustainable Development Goals. The initiative comprises two main components: Health and Wellness Centres for primary healthcare and Pradhan Mantri Jan Arogya Yojana for secondary and tertiary care hospitalization (Kumar, 2020). Ayushman Bharat has successfully improved healthcare access, financial protection, and infrastructure. Key features include comprehensive coverage, cashless treatment, pre-existing disease coverage, nationwide portability, and no age or family size restrictions (Singh, 2020).

Literature Review

Rao, K. D., & Rao, K. S. (2019); "Ayushman Bharat: A Game-Changer for India's Healthcare System?"; Economic and Political Weekly; This article examines the potential of Ayushman Bharat to transform India's healthcare system. The authors argue that while the scheme has the potential to increase healthcare access and reduce out-of-pocket expenditures, it requires careful planning, effective implementation, and continuous evaluation to address emerging challenges.

Kumar, A., & Kumar, P. (2020), Title: "Ayushman Bharat: A Critical Analysis of India's National Health Protection Scheme", Journal of Health Management. This study critically analyses the design, implementation, and effectiveness of Ayushman Bharat. The authors argue that while the scheme has increased healthcare access, it has several limitations, including inadequate funding, lack of infrastructure, and unequal access to quality care.

Singh, P., & Singh, R. (2020); "Assessing the Impact of Ayushman Bharat on Healthcare Outcomes in India", Indian Journal of Public Health. This study evaluates the impact of Ayushman Bharat on healthcare outcomes in India. The authors find that the scheme has led to significant improvements in healthcare access, utilization, and outcomes, particularly for vulnerable populations.

Kumar, R., & Kumar, A. (2020); "Challenges and Opportunities in Implementing Ayushman Bharat"; Journal of Healthcare Management, This study identifies the challenges and opportunities in implementing Ayushman Bharat. The authors find that while the scheme faces several challenges, including inadequate infrastructure, lack of human resources, and unequal access to quality care, it also presents opportunities for improving healthcare access, reducing out-of-pocket expenditures, and strengthening healthcare systems.

Reddy, K. S., & Reddy, S. (2020); Ayushman Bharat and the Future of Healthcare in India" Indian Journal of Medical Research. This article examines the future of healthcare in India in the context of Ayushman Bharat. The authors argue that while the scheme has the potential to transform India's healthcare system, it requires careful planning, effective implementation, and continuous evaluation to address emerging challenges and ensure sustainable progress.

Research Methodology

The analysis of this research paper is based on secondary data, which is collected from Published sources like journals, magazines, websites, thesis etc

Objectives

- Why was the Ayushman Bharat initiative needed?
- Implementation strategies

Analysis

Why was the Ayushman Bharat initiative needed?

Despite significant economic growth, India remains a lower-middle-income country due to persistent socioeconomic and health disparities. A substantial portion of the population (over 20%) lives in poverty. The country's demographics have also shifted, with a large youth population (34% aged 15-35). Furthermore, India faces a unique health challenge, often referred to as the "triple burden of disease," which encompasses ongoing communicable diseases, rising non-communicable diseases, and injuries.

India's Economic Progress and Demographic Shift
Economic Progress

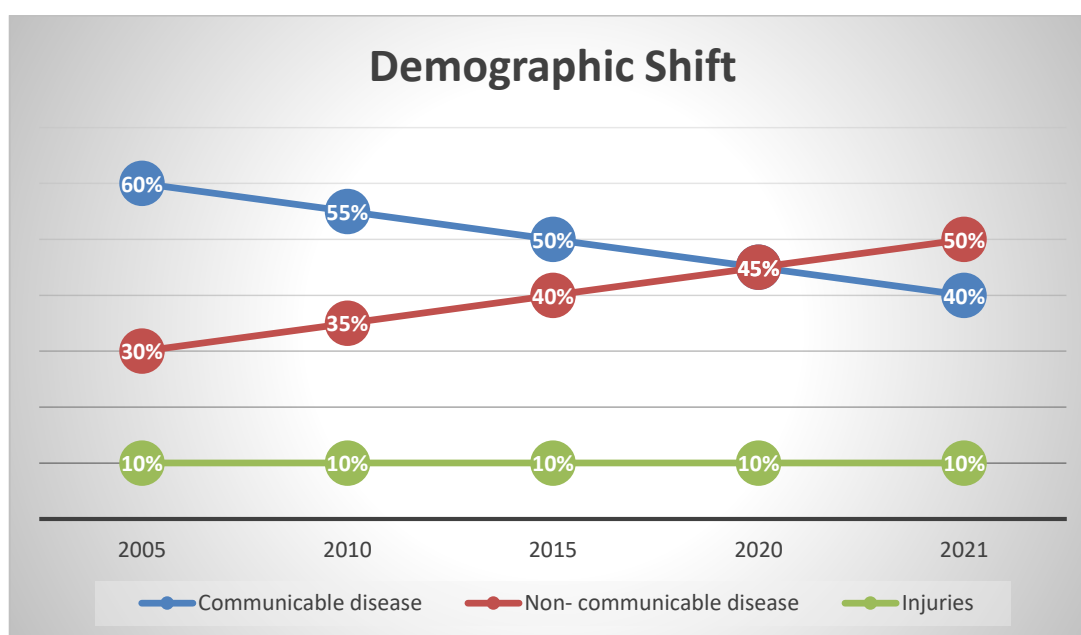
Year	India's economic status
2005	Low-income country
2015	Lower-middle-income country
2020	Lower-middle-income country
2021	Projected to become upper-middle-income country

Source: The data is approximate and based on various sources, including World Bank, World Health Organization, and Indian government reports (2021).

Demographic Shift

Year	Population Living in Poverty	Population Aged 15-35
2005	35 %	29 %
2010	30 % ²	31 %
2015	25 %	32 %
2020	22 %	33%
2021	20 %	34 %

Source: The data is approximate and based on various sources, including World Bank, World Health Organization, and Indian government reports (2021).



Burden of Disease

Year	Communicable disease	Non-communicable disease	Injuries
2005	60 %	30 %	10 %
2010	55 %	35 %	10 %
2015	50 %	40 %	10 %
2020	45 %	45%	10 %
2021	40 %	50 %	10 %

Source: The data is approximate and based on various sources, including World Bank, World Health Organization, and Indian government reports.

India's economic progress and demographic shift present both opportunities and challenges. Despite significant growth, the country remains a lower-middle-income nation, with over 20% of the population living in poverty. The demographic shift, with a large youth population, can be a driving force for economic growth and development. However, India's healthcare system faces a unique "triple burden of disease," comprising communicable, non-communicable diseases, and injuries. The data suggests a gradual shift from communicable to non-communicable diseases, emphasizing the need for a comprehensive healthcare approach.

To address these challenges, policymakers must prioritize investments in healthcare infrastructure, education, and social welfare programs. By leveraging its demographic dividend and addressing healthcare disparities, India can unlock its full potential and achieve sustainable economic growth and development.

India's healthcare system faces significant challenges in providing adequate care to its vast population of 1.4 billion. The private sector dominates the healthcare landscape, catering to around 70% of the population's needs. However, private providers are often small, unregulated, and concentrated in urban areas, leaving disadvantaged communities without access to proper care (2021).

The public healthcare system struggles to cope with the demand, hindered by inadequate funding, a shortage of skilled healthcare professionals, irregular supplies of essential medicines and equipment, and overcrowding. A major contributor to these issues is India's persistent underinvestment in public healthcare, with government spending on health stuck at approximately 2.1% of the country's Gross Domestic Product (GDP) (2021).

This underinvestment has severe consequences, with out-of-pocket expenses accounting for a staggering 62% of India's total healthcare expenditure. As a result, millions of Indians are pushed into poverty each year, with nearly 60 million people forced to revert to poverty annually due to exorbitant healthcare costs.

India's Ayushman Bharat initiative revolutionizes healthcare by addressing the shortcomings of previous government-funded insurance schemes. It transforms primary healthcare by converting existing centres into health and wellness hubs.

The program's flagship component, PM-JAY, is the world's largest health insurance scheme, covering 550 million Indians from impoverished families. This government-funded initiative aims to reduce catastrophic healthcare expenses, enhance access to quality care, and encourage private sector participation (2021).

PM-JAY's benefits are multifaceted, providing financial protection, quality healthcare, and support for public hospitals. By doing so, it reduces healthcare costs, emergency loans, and out-of-pocket expenses, ultimately improving the lives of India's most vulnerable populations.

What does it cover

M-JAY, a flagship health insurance scheme, targets India's most vulnerable populations. Eligible beneficiaries include:

- Rural households meeting at least one deprivation criterion, such as:
- Living in a single room with inadequate walls and roof
- No adult member between 16-59 years
- Disabled member with no able-bodied adult
- Belonging to Scheduled Castes or Scheduled Tribes
- Landless households relying on manual labour

Urban beneficiaries include those from 11 occupational categories, such as:

- Ragpickers
- Domestic workers
- Construction workers
- Electricians

PM-JAY aims to cover 120 million households, approximately 40% of India's poor and vulnerable population, using the Socioeconomic Caste Census 2011 database. States can opt to participate and integrate their existing health insurance schemes with PM-JAY.

Implementation Strategies

PM-JAY offers states three implementation models for their health insurance/assurance schemes: assurance/trust model, insurance model, and mixed model. The most common model is the assurance/trust model, where the State Health Agency (SHA) implements the scheme without an insurance company, and the government bears the financial risk.

The insurance model involves selecting an insurance company through a tendering process, which manages PM-JAY in the state and bears the financial risk. The mixed model combines both assurance/trust and insurance models, providing flexibility and convergence with state schemes.

Administrative costs are capped, varying between 15% and 20% depending on the state's category. If the claim settlement ratio exceeds a certain percentage, the excess amount is shared between the insurance company and the state government.

The claim reimbursement process involves:

- Pre-authorization within six hours
- Auto-approval if no response within six hours
- Hospital registration of patients up to five days after admission
- Claim reimbursement within 15-30 days, depending on the state

These guidelines ensure efficient claim processing and reimbursement, with some states having more flexible timeframes. To ensure high-quality healthcare under PM-JAY, hospitals must meet strict eligibility criteria. There are two sets of criteria: one for general hospitals and another for specialized care providers. States oversee the eligibility process, reviewing applications and verifying facilities within 15 business days. Hospitals are given 30 days to address any shortcomings.

To promote excellence, PM-JAY offers incentives for hospitals that:

- Achieve NABH accreditation
- Operate as teaching institutions
- Serve underserved areas

In conclusion, the Ayushman Bharat scheme, particularly PM-JAY, has been instrumental in providing financial protection and healthcare access to millions of vulnerable Indians. The scheme's impact during the COVID-19 pandemic has been significant, with substantial savings for beneficiaries and widespread coverage of hospitalizations. The establishment of health and wellness centres, emergency transport services, and telemedicine facilities has further strengthened the healthcare ecosystem. Overall, PM-JAY has demonstrated its potential to transform India's healthcare landscape, and its continued implementation and expansion will be crucial in achieving Universal Health Coverage.

Conclusion

Implementing these strategies will move India closer to achieving Universal Health Coverage and providing comprehensive healthcare services to its citizens.

Challenges in Implementing Healthcare Schemes**Despite efforts to provide comprehensive healthcare, several challenges persist:**

1. Quality Compromised: Hospitals prioritize cheaper products, potentially compromising quality.
2. Early Discharge: Patients are discharged early to reduce costs, leading to increased complications.

3. Biometric Enrolment Issues: Limited accessibility to biometric enrolment causes inconvenience and potential harm to immobile or critically ill patients.
4. Reimbursement Issues: Insufficient or delayed payments discourage private institutes from participating.
5. Claim Refusals: Inappropriate claim refusals lead to time-consuming disputes.

SOLUTIONS TO ADDRESS THESE CHALLENGES

To overcome these challenges:

1. Fair Reimbursement Mechanisms: Implement timely and transparent reimbursement processes.
2. Mobile Biometric Enrolment: Provide mobile stations for biometric enrolment to increase accessibility.
3. Physician Involvement: Involve physicians in claim review to ensure accuracy and fairness.
4. Awareness Campaigns: Utilize television, radio, and social media to raise awareness about the program among beneficiaries.

By addressing these challenges and implementing these solutions, the government can improve the effectiveness and efficiency of healthcare schemes, ultimately benefiting the citizens.

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