

Assessing the Impact of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) on COVID-19 Management in India

¹Mrs. Purvi Subhedar Jain

¹Research Scholar, Oriental University, Indore (M.P.)

²Dr Amit Khare

²Associate Professor, Oriental University, Indore (M.P.)

Abstract

The National Health Policy 2017 (NHP-2017) aspires to avail or provide all Indians with high-quality reasonably priced healthcare services and universal coverage of health. The aim of this program, which has played an important or significant role in forming India's healthcare system, are in queue with the idea of universal health insurance. The National Health Protection Scheme and Health and Wellness Centres are the two main and very important pillars of the Ayushman Bharat Program, which was unveiled in the financial budget for 2018-19 and expands upon the NHP-2017. The program aims to increase the availability, accessibility, and affordability of primary, secondary, and tertiary healthcare services in India. Research has shown that the scheme (Ayushman Bharat) has played an important role in managing and mitigating the COVID-19 outbreak in India. The program has created the necessary infrastructure to provide free healthcare to millions of Indians, including free testing and treatment in empanelled hospitals, as well as benefits like transportation for healthcare workers. Since its launch in 2018, the Ayushman Bharat Program has provided free treatment to more over 2 crore individuals, among other noteworthy accomplishments. It's evident that the initiative has been crucial in combating the pandemic, and that it might be or seem to be have been very difficult to control the outbreak without it. All things considered, the Ayushman Bharat Program and the National Health Policy of 2017 have played a crucial or significant role in bolstering India's healthcare system and offering millions of Indians access to reasonably priced medical care.

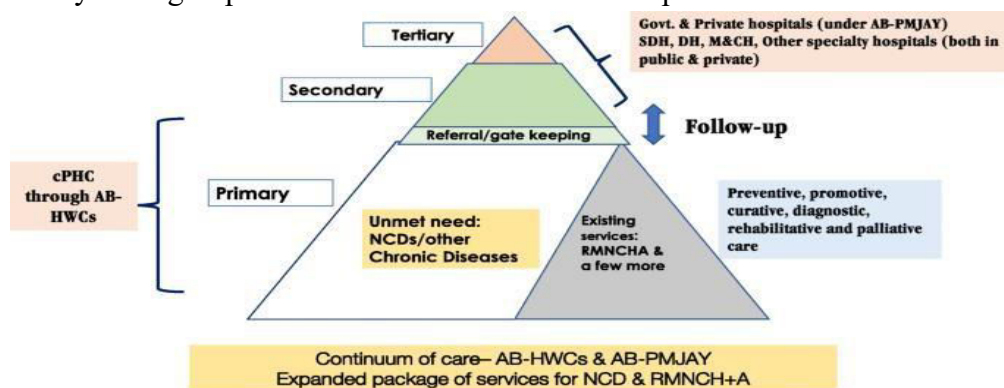
Keywords: - Universal Health Coverage, Universal Health Insurance, Ayushman Bharat Program, Health and Wellness Centres, Primary Healthcare, Secondary Healthcare, COVID-19 Outbreak

Introduction

The Indian healthcare system has faced numerous hurdles, challenges, particularly in terms of accessibility and affordability, which have disproportionately affected the rural population. To address this issue, In 2018, the Ayushman Bharat Program was introduced with the goal of offering qualified families full health insurance coverage. Particularly during the COVID-19 epidemic, this program has played a significant role in changing the healthcare scene (worldbank.org, 2019).

By offering cashless treatment, covering pre-existing conditions, and providing transportation support, the program has ensured that healthcare services are within reach of those who need them most. The Ayushman Bharat Program's inclusive approach and comprehensive coverage have been crucial in managing the pandemic in India. The program has provided a robust healthcare safety net, alleviating the financial burden of healthcare on vulnerable populations (Chandrakant, 2018).

The initiative has additionally demonstrated its potential to transform the nation's healthcare system. By providing quality healthcare services to millions of people, the program has helped to reduce health disparities and improve health outcomes. The Ayushman Bharat Program's impact on the healthcare system has been significant, and its continuation is essential to ensure that healthcare services remain accessible and affordable for all. Overall, the program has been a game-changer in India's healthcare sector, and its legacy is expected to have a very lasting impact on the nation's health landscape.



Source: Google Image

Literature Review

This literature of review looks at a or examines the existing research on the Ayushman Bharat Program, a flagship healthcare initiative in India. Lahariya (2020) gives the summary of the program's route to ubiquitous coverage, highlighting its key features, funding requirements, and implementation strategy. The author also conducts a SWOT analysis of the program, emphasizing its potential to provide financial or monetary protection for secondary and tertiary level hospitalization.

Angell et al. (2020) offer a critical preview of the program's design and implementation, underscoring the need for effective stewardship and governance. The authors recommend that the program be supplemented with additional interventions to achieve its desired outcomes.

Bhargava et al. (2020) explore the program's potential to improve tuberculosis care in India, particularly in the context of the COVID-19 pandemic. The authors highlight the need for aligning the program with the National Tuberculosis Elimination Program to achieve better health outcomes.

Gupta (2020) provides an essential review of the program's components, offering valuable insights from the government's perspective. The author discusses the challenges of

implementing a decentralized healthcare system and how the program addresses these challenges.

Sharma et al. (2020) examine the program's role in managing the COVID-19 pandemic in India, highlighting its benefits in providing free testing and treatment to vulnerable populations. The authors also discuss the program's limitations and challenges in implementation.

Nagarkar (2020) discusses the challenges faced by older adults in India during the pandemic, emphasizing the need for social security measures and healthcare support. The author notes that many older adults are not covered under the Ayushman Bharat Program and rely on charity and government support.

Overall, this literature review highlights the significance of the Ayushman Bharat Program in improving healthcare outcomes in India, particularly for vulnerable populations. The reviewed studies provide valuable insights into the program's design, implementation, and impact, emphasizing the need for effective governance, stewardship, and supplementary interventions to achieve its desired outcomes.

Methodology

This study employed a comprehensive research approach to analyse the impact of the Ayushman Bharat Program on the public and their mindset. The methodology involved a two-pronged approach:

Firstly, a thorough review of existing literature was conducted, including articles, surveys, and research papers available on the internet. This helped to gather insights or perception into the program's effectiveness and its perceived direct impact on the public and the author conducted an exhaustive literature survey, examining various research papers and studies related to the topic. This enabled the author to gain a deeper understanding of the subject matter, validate the data collected, and contextualize the findings within the existing body of knowledge.

Secondly, A structured questionnaire was designed to gather data from respondents. The questionnaire comprised 3 questions from 20 respondents to gather more detailed and qualitative insights.

Objectives of the Research

1. To describe the initiatives and measures taken by the Ayushman Bharat Program to manage the COVID-19 pandemic in India.
2. To analyse the impact of COVID-19 on hospital activity under AB-PMJAY. The analysis highlights the decline in hospital activity, particularly among small and medium-sized hospitals.
3. To assess the adaptability of AB-PMJAY's existing infrastructure in responding to the COVID-19 pandemic.
4. To evaluate the effectiveness of AB-PMJAY's response to the COVID-19 pandemic
5. To investigate the impact of AB-PMJAY's healthcare services on reducing COVID-19 mortality rates in India.

Analysis

Objective 1

To describe the initiatives and measures taken by the Ayushman Bharat Program to manage the COVID-19 pandemic in India.

The Ayushman Bharat Program, also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), has demonstrated its preparedness in responding to the COVID-19 pandemic in India. Even before the pandemic, the program had a comprehensive health benefit package that covered around 1500 secondary and tertiary health procedures. This existing infrastructure and foundation of the scheme formed a solid base for managing the outbreak.

The program's flexibility in dealing with unprecedented situations is notable, particularly in its mode of operation. For instance, states were given the flexibility to modify healthcare services, including testing and treatment for COVID-19. Additionally, the program allows beneficiaries to avail treatment in any participating state across the country, regardless of their state of residence or registration. This feature is especially significant for migrant workers who travel to other states for work and are at a higher risk of COVID-19 transmission.

By providing free testing, treatment, and transport initiatives, the program has helped mitigate the spread of the pandemic. The National Health Authority's (NHA) declaration of free treatment for COVID-19 further emphasized the program's preparedness. Overall, the Ayushman Bharat Program's existing infrastructure, flexibility, and comprehensive health benefit package have played a crucial role in managing the COVID-19 pandemic in India.

Under the Ayushman Bharat Program, a pre-designed package for COVID-19 detection was made available. The package's pricing and composition adhered to the guidelines set by the Indian Council for Medical Research (ICMR). Empanelled centres were trained to conduct COVID-19 tests for beneficiaries based on prescriptions from qualified physicians, following ICMR principles. These tests were conducted in laboratories accredited by the National Accreditation Board for Testing and Calibration of Laboratories (NABL), equipped with specified real-time assays for COVID-19 detection (Aarti., 2019).

The Ayushman Bharat Program, also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), played a crucial role in managing the COVID-19 pandemic in India. To combat the pandemic, the program followed protocols defined by the Ministry of Family Health and Welfare (MoFHW) and state governments regarding testing protocols (D., 2020). Existing treatment packages under the scheme, such as those for acute febrile illness, pneumonia, and respiratory failures, were utilized for COVID-19 treatment. States were also allowed to revise package prices to accommodate infection control measures.

The National Health Authority (NHA) ensured that the quality of treatment remained unaffected despite the rushed decision to provide free COVID testing and treatment under the PM-JAY. The prices of pre-existing treatments recommended for COVID-19 were revised to

account for isolation, infection control, and personal protective equipment (PPEs) for healthcare workers. (Suneela Garg, 2020)

Notably, the program authorized over 5.13 lakh hospital admissions for COVID-19 treatment as of September 2020². The NHA also disbursed a total of Rs. 5474 Crore to states and union territories for implementing the scheme

Objective 2

To analyse the impact of COVID-19 on hospital activity under AB-PMJAY. The analysis highlights the decline in hospital activity, particularly among small and medium-sized hospitals.

AB-PMJAY, or the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana had a significant number of hospitals empanelled under the scheme, with 21,573 hospitals as of May 23, 2020. Of these, 56% were public hospitals, while the remaining 44% were private.

During the lockdown period, hospital activity declined sharply, with only 51% of hospitals remaining active in the three months leading up to the end of the lockdown. This number dropped further to 25% during the late lockdown period. The decline in hospital activity was more pronounced in small and medium-sized hospitals with fewer than 100 beds.

Some states were severely impacted, with Uttar Pradesh, Bihar, and Jharkhand operating at less than 50% of their available hospitals. The decrease in hospital activity, particularly among private hospitals, may be attributed to fear among hospital owners and staff of contracting COVID-19 or being stigmatized and losing business.

Here's a breakdown of the hospital activity in various states:

| | |
|---------------|-------------------------------|
| Uttar Pradesh | 30% of hospitals were active |
| Bihar | 32% of hospitals were active |
| Karnataka | 50% of hospitals were active |
| Tamil Nadu | 52% of hospitals were active |
| Jammu Kashmir | 53 % of hospitals were active |
| Jharkhand | 55% of hospitals were active |

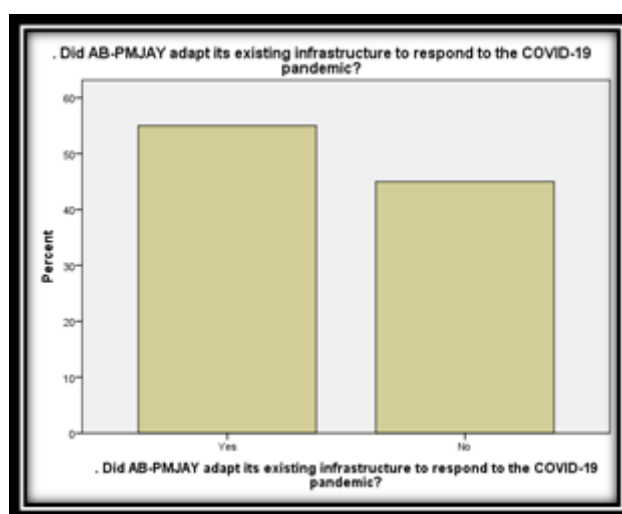
The decline in hospital activity, particularly in public hospitals, can be attributed to various factors. One primary reason is the limited workforce and resources, which were further strained due to the responsibility of handling the majority of COVID-19 treatments.

Objective 3

To assess the adaptability of AB-PMJAY's existing infrastructure in responding to the COVID-19 pandemic.

| Statistics | | |
|---|---------|--------|
| . Did AB-PMJAY adapt its existing infrastructure to respond to the COVID-19 pandemic? | | |
| N | Valid | 20 |
| | Missing | 0 |
| Mean | | 1.4500 |
| Std. Deviation | | .51042 |
| Minimum | | 1.00 |
| Maximum | | 2.00 |

| Did AB-PMJAY adapt its existing infrastructure to respond to the COVID-19 pandemic? | | | | | |
|---|-------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Yes | 11 | 55.0 | 55.0 | 55.0 |
| | No | 9 | 45.0 | 45.0 | 100.0 |
| | Total | 20 | 100.0 | 100.0 | |



Source: Field study

A total of 20 respondents answered the question, "Did AB-PMJAY adapt its existing infrastructure to respond to the COVID-19 pandemic?" The responses were categorized as "Yes" or "No".

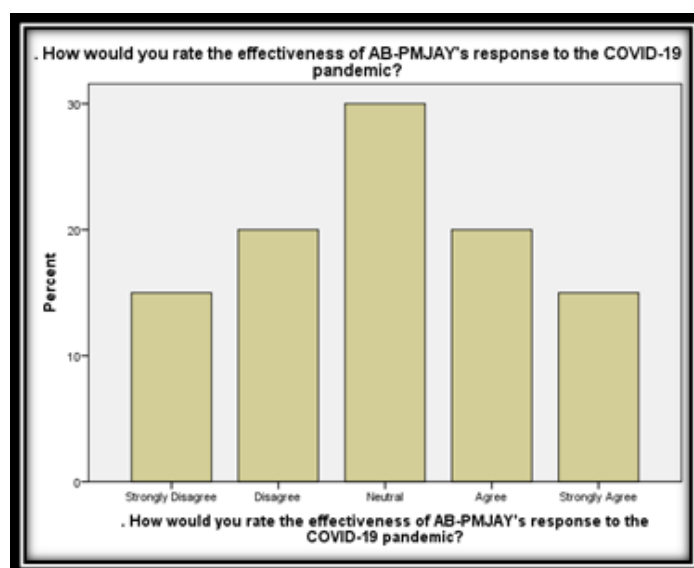
Objective 4

To evaluate the effectiveness of AB-PMJAY's response to the COVID-19 pandemic

| Statistics |
|--|
| . How would you rate the effectiveness of AB-PMJAY's |

| | | |
|------------------------------------|---------|---------|
| response to the COVID-19 pandemic? | | |
| N | Valid | 20 |
| | Missing | 0 |
| Mean | | 3.0000 |
| Std. Deviation | | 1.29777 |
| Minimum | | 1.00 |
| Maximum | | 5.00 |

| . How would you rate the effectiveness of AB-PMJAY's response to the COVID-19 pandemic? | | | | | |
|---|-------------------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Strongly Disagree | 3 | 15.0 | 15.0 | 15.0 |
| | Disagree | 4 | 20.0 | 20.0 | 35.0 |
| | Neutral | 6 | 30.0 | 30.0 | 65.0 |
| | Agree | 4 | 20.0 | 20.0 | 85.0 |
| | Strongly Agree | 3 | 15.0 | 15.0 | 100.0 |
| | Total | 20 | 100.0 | 100.0 | |



Source: Field study

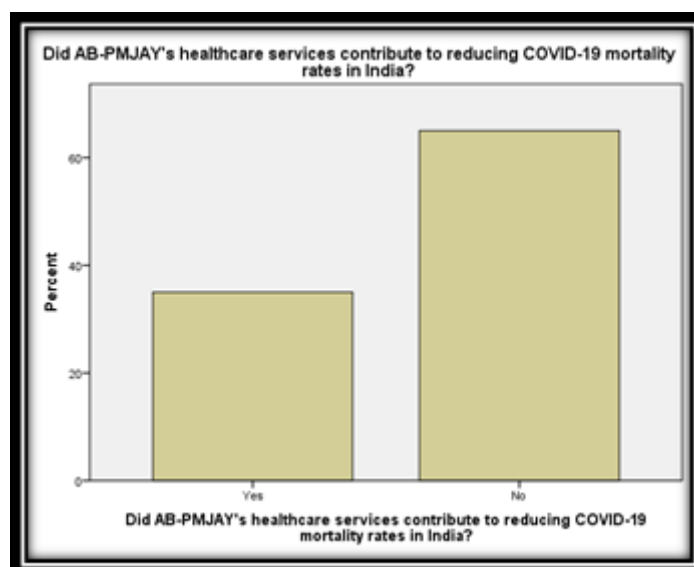
A total of 20 respondents rated the effectiveness of AB-PMJAY's response to the COVID-19 pandemic on a 5-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree"

Objective 5

To investigate the impact of AB-PMJAY's healthcare services on reducing COVID-19 mortality rates in India.

| Statistics | | |
|--|---------|--------|
| Did AB-PMJAY's healthcare services contribute to reducing COVID-19 mortality rates in India? | | |
| N | Valid | 20 |
| | Missing | 0 |
| Mean | | 1.6500 |
| Std. Deviation | | .48936 |
| Minimum | | 1.00 |
| Maximum | | 2.00 |

| Did AB-PMJAY's healthcare services contribute to reducing COVID-19 mortality rates in India? | | | | | |
|--|-------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Yes | 7 | 35.0 | 35.0 | 35.0 |
| | No | 13 | 65.0 | 65.0 | 100.0 |
| | Total | 20 | 100.0 | 100.0 | |



Source: Field study

AB-PMJAY, or the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana scheme has been instrumental in providing healthcare services to millions of Indians, especially during the

COVID-19 pandemic. The scheme's healthcare services include hospitalizations, surgeries, and treatments for various diseases, including COVID-19.

Findings

Findings on the basis of secondary data

India faces a significant challenge in providing affordable healthcare to its vast population. Every year, approximately 6 crore people are pushed below the poverty line due to out-of-pocket healthcare expenditures. To address this issue, AB-PMJAY, or the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana was launched in 2018 as one of the world's largest healthcare schemes.

Since its inception, AB-PMJAY has provided free treatment to over 2 crore people, covering approximately 65 crore individuals. The scheme has gained momentum over the past three years, with an increasing number of hospitals joining the initiative.

During the COVID-19 pandemic, AB-PMJAY played a crucial role in providing access to healthcare services. Although there was an initial decline in services availed under the scheme during the lockdown, the numbers stabilized within a few months due to the digitization of infrastructure.

The scheme has been instrumental in providing testing and treatment for COVID-19 and other diseases, ensuring that people from all socio-economic backgrounds have access to quality healthcare. The national helpline number and call centers set up under the scheme have also been effective in handling the massive volume of incoming queries.

The vast amount of healthcare data generated under the scheme has been analysed to predict trends, identify areas for improvement, and prepare for future challenges. This data-driven approach has enabled the scheme to respond effectively to the pandemic.

While public hospitals have played a significant role in providing free healthcare, they are insufficient to cater to India's massive population. Private hospitals, which account for approximately 70% of the country's health infrastructure, are often unaffordable for most people. AB-PMJAY has successfully empaneled many private hospitals, increasing access to affordable healthcare for millions of people.

AB-PMJAY, or the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has successfully integrated private hospitals into its network, making quality healthcare accessible to everyone. Out of the 25,000 hospitals empanelled under the scheme, a significant 50% are private hospitals. This partnership has bridged the gap in healthcare accessibility, ensuring that people from all walks of life can receive affordable and quality medical care.

Findings on the basis of Primary data analysis

Objective

To assess the adaptability of AB-PMJAY's existing infrastructure in responding to the COVID-19 pandemic.

- 11 respondents (55%) answered "Yes", indicating that AB-PMJAY adapted its existing infrastructure to respond to the COVID-19 pandemic.

- 9 respondents (45%) answered "No", suggesting that AB-PMJAY did not adapt its existing infrastructure.

Objective

To evaluate the effectiveness of AB-PMJAY's response to the COVID-19 pandemic

- 3 respondents (15%) "Strongly Disagreed" with the effectiveness of AB-PMJAY's response.
- 4 respondents (20%) "Disagreed", 6 respondents (30%) were "Neutral", 4 respondents (20%) "Agreed", 3 respondents (15%) "Strongly Agreed".

Objective

To investigate the impact of AB-PMJAY's healthcare services on reducing COVID-19 mortality rates in India.

- 7 respondents (35%) believe that AB-PMJAY's healthcare services contributed to reducing COVID-19 mortality rates.
- 13 respondents (65%) do not think that the scheme's services had an impact on reducing mortality rates.

To encourage continued participation from private hospitals, the scheme offers various incentives and guidelines. These measures ensure that private hospitals are adequately supported and motivated to provide quality healthcare services to beneficiaries under the scheme.

Conclusion

In conclusion, Ayushman Bharat has played a vital role in managing the COVID-19 outbreak in India. The scheme's existing health infrastructure enabled the coordination of treatment and testing on a massive scale. A detailed analysis of the scheme's impact reveals its far-reaching effects on various aspects of India's healthcare infrastructure. The results suggest that a majority of respondents (55%) believe that AB-PMJAY adapted its existing infrastructure to respond to the COVID-19 pandemic. This indicates that the scheme was able to leverage its existing resources to address the pandemic. However, a significant minority (45%) disagree, highlighting potential areas for improvement. Overall, the findings suggest that AB-PMJAY showed some adaptability in responding to the pandemic, but there may be room for further enhancement. The results suggest that opinions on the effectiveness of AB-PMJAY's response to the COVID-19 pandemic are mixed. While 35% of respondents (Agree + Strongly Agree) believe that the scheme's response was effective, 35% (Disagree + Strongly Disagree) disagree. A significant proportion (30%) remain neutral. In conclusion, while AB-PMJAY's healthcare services have been beneficial in providing medical care to millions of Indians, its impact on reducing COVID-19 mortality rates is uncertain. Further research and analysis are needed to determine the scheme's effectiveness in this area.

To further enhance the scheme's effectiveness, the following steps are recommended:

1. Provide state-specific recommendations to assist target states in regaining normalcy and expanding scheme adoption.

2. Conduct a micro-analysis at the method level to track the impact in detail.
3. Perform a deep dive analysis at the district/block level to deliver actionable insights.
4. Conduct hospital planning through capacity assessment analysis to identify potential providers for expansion of the AB-PMJAY network.
5. To ensure access to essential healthcare for the poor and disadvantaged, it is crucial
6. Harness the growing potential of the private healthcare sector
7. Improve infrastructure and quality of care in public hospitals⁸
8. Monitor quality and appropriateness of care⁹
9. Establish clear standards for hospitals to ensure employee and beneficiary safety during the pandemic.

Based On the Findings, It Is Recommended That

Stakeholder engagement: AB-PMJAY should engage with stakeholders, including healthcare providers, beneficiaries, and state governments, to gather feedback on its COVID-19 response. Performance evaluation: Conduct a comprehensive evaluation of AB-PMJAY's response to the pandemic, identifying areas of strength and weakness. Capacity building: Invest in capacity-building initiatives for healthcare providers and officials involved in the scheme to enhance their preparedness for future pandemics. Beneficiary outreach: Strengthen outreach efforts to ensure that beneficiaries are aware of the scheme's benefits and services, particularly during public health emergencies. Conduct further research: Gather more data and evidence on the scheme's effectiveness in reducing COVID-19 mortality rates.

Analyse existing data: Examine the data already collected by the scheme to identify trends and patterns that may indicate its impact on mortality rates.

Consult with experts: Seek the opinions of healthcare experts and researchers to gain a deeper understanding of the scheme's effectiveness in this area.

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