



## **The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana: India's Route to Achieve Universal Health Coverage**

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### **ABSTRACT**

*On April 30, Ayushman Bharat Diwas is observed throughout India. The Ayushman Bharat Yojna, which was introduced in 2018 by India's current Prime Minister, Mr. Narendra Modi, is the focus of this day. This Yojna is the name of a program developed to provide healthcare benefits to large segments of the population of India who are unable to pay for the necessary medical facilities on their own. The Pradhan Mantri Jan Arogya Yojana (PMJAY), popularly known as the "Ayushman Bharat Initiative," was introduced by the Indian government in 2018. Through the use of Health and Wellness Centers (HWCs) at the primary level and the provision of financial safeguard for accessing therapeutic care at the secondary and tertiary levels through engagement with both public and private sector, PM- JAY conveys an advancement towards promotive, preventive, palliative, and rehabilitative aspects of Universal Health coverage. PM- JAY pays for 1350 medical services, including surgeries, childcare procedures, prescription drugs, and diagnostic tests. In order to offer accessible and inexpensive healthcare for a major portion of society, it included the engagement of the centre and states, the usage of technology for the administration of the program, and involvement of private sector hospitals and insurers. The objective of this review is to explore the PM- JAY program and to assess how far it could achieve the goal of universal health coverage. It is a major step by the Government of India to fulfill the goal of universal health coverage hence if implemented properly it could be a game-changer.*

**KEYWORDS:** *Ayushman Bharat scheme, Coverage, Health care expenditure, Impact, Utilization, PMJAY, Initiative.*

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### **INTRODUCTION**

On September 23, 2018, the Prime Minister Mr. Narendra Modi introduced the Ayushman Bharat Yojana.<sup>(1)</sup> The Indian government's adoption of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018 has been hailed as a historic step toward achieving Universal Health Coverage (UHC) in India.<sup>(2)</sup> In this regard, the ambitious AB-PMJAY was given the green light by the cabinet of the Indian government in March 2018. The initiative, termed "Modicare" in honour of Indian Prime Minister Mr. Narendra Modi, aims to improve upon current initiatives by providing up to 5,000 Indian rupees (US\$7,000) in public health insurance coverage per family per year to approximately 100 million families (500 million people, or 40% of India's population). The programme seeks to provide public healthcare for up to 500 million people and, if it succeeds, offers a rare opportunity to provide the most vulnerable populations with high-quality healthcare that is free at the point of use. Indians, enhancing public health and significantly decreasing or eliminating medically linked poverty. Moving forward on these three measures under the AB-PMJAY programme will be successful—or unsuccessful—depending on how well a number of current and connected structural flaws in the Indian system are addressed, such as issues with public and private sector governance, stewardship, quality control, and healthcare system organisation. To achieve this, the program's implementation will require close monitoring in order to assess progress toward crucial budgetary, service, and financial protection goals and avoid unintended consequences.<sup>(3)</sup> The policy, which is the largest health care programme in the world, offers vulnerable families a health benefit of five lakh rupees per year with the intention of helping more than 10 crore impoverished households nationwide. This suggests that a beneficiary will be able to get benefits from any national public or private hospital that has received accreditation.<sup>(4)</sup> The Pradhan Mantri Jan Arogya Yojana, or Ayushman Bharat PMJAY, has successfully reached 3 crore hospital admissions. Till date, 3.28 million admissions have been made, and over 18 million cards have been created, totaling Rs. 36,500 crore in claim payments. In addition, more than 26,000 hospitals have been established to guarantee that residents of both urban and rural regions receive the best possible medical treatment. Up till the month of

April 2022, more than 3 crore 28 lakh patients received treatment under this scheme. Large portions of the country are underserved due to the chronic lack of physicians and other healthcare professionals, who are often concentrated in urban areas. Patients and their families frequently become impoverished in India as a result of healthcare expenses; it is estimated that 50–60 million individuals are forced into poverty annually as a result of medical-related costs.<sup>(5)</sup> The 2011 Socio-Economic Caste Census deprivation criteria are used to evaluate eligibility for the programme.<sup>(6)</sup> This plan involves performing a total of 1393 procedures. The National Health Authority introduced the new Health Package Benefit 2022 on April 7, 2022, by adding 365 additional treatments to the PMJAY programme. The new package was revealed over the course of two days in Tamil Nadu, where 1,949 treatments are now covered by the scheme. Differential pricing based on the kind of city and degree of service will also be implemented as part of the new healthcare package benefit in 2022.<sup>(7)</sup> In addition, a project including a patient categorization system will soon be implemented as part of the PMJAY plan. The number of family members who are eligible is unlimited, and benefits will eventually be available throughout all of India (if every state and territory participates in the initiative). The AB-PMJAY will be implemented under the direction of state health authorities, and states are able to continue offering current programmes in addition to the federal programme or to incorporate them into the new plan.<sup>(8)</sup> Ayushman Bharat Diwas is a day set aside to promote the Ayushman Bharat Yojna's goals. This programme demonstrates how the Indian government has achieved its goals in line with the UN's Sustainable Development Goals (SDGs). "Leave no one behind" is one of the UN's sustainable objectives for achieving universal health care. <sup>(9)</sup> The Narendra Modi Government launched the program with the same goal in mind—to make it possible for individuals to access medical services so that the large majority of Indians may improve their health. This applies to those people living in poverty who are somehow incapable to pay for the required healthcare services.<sup>(10)</sup>

The AB-PMJAY is a fantastic opportunity to improve the health of hundreds of millions of Indians while simultaneously eliminating a major contributor to the nation's poverty. However, there are significant barriers that must be removed in order for the Indian people to experience these advantages and for the plan to sustainably advance India's goal of achieving universal health coverage (UHC). The Sustainable Development Goals (SDGs) have made improving global population health and eradicating the scourge of medical-related poverty as a top priority, and Universal Health Coverage (UHC) has emerged as a crucial guiding aim for health systems worldwide. The availability of various kinds of health services, the population's access to them, and the level of financial protection provided to them are all indicators of how well UHC is working. A system that is not designed to reward constructive change and special interests are commonly blamed for the current practices in these areas. To shift these incentives and advance universal and high-quality healthcare for all Indians, there will need to be major reform, intervention, and leadership at all levels of the Indian system. Therefore, despite the fact that these flaws make it more difficult for planned changes to achieve their lofty goals, AB-PMJAY offers the country a chance to address ingrained problems with long-term governance, quality assurance, and stewardship.<sup>(11)</sup> The objective of this review is to explore the PM- JAY program and to assess how far it could achieve the goal of universal health coverage. It is a major step by the Government of India to fulfill the goal of universal health coverage hence if implemented properly it could be a game-changer.

## MATERIALS AND METHODS

The programme includes two parts: converting 1,50,000 sub-centers (for a population level of 5,000) into wellness clinics that offer 12 sets of services; and giving medical security to 40% of India's population who need hospitalisation for up to an amount assured of Rs. 5 lakh per year per family.<sup>(12)</sup> The designated date of April 30, 2022, was used to observe Ayushman Bharat Diwas. The COVID pandemic instances that plagued the nation's population during the previous two years were the main emphasis of the 2022 observance. 75,532 Ayushman Bharat Health and Wellness Centers (HCW) have been successfully launched by India's Health Minister, Dr. Harsh Vardhan.<sup>(13)</sup>

## KEY CHARACTERISTICS OF PM-JAY

Key characteristics of PM-JAY	
What it is.	What is unclear about it.
1. With no restrictions on family size or member ages, 1350 medical packages are available that cover all pre-existing conditions as well as inpatient medical, surgical, daycare, medication, and diagnostic costs.	Outpatient costs, which make up 51% of out-of-pocket expenses (OOPE) in both rural and urban areas, are not covered.

<p>2. Includes fixed transportation reimbursement from the patient's home to the hospital and is transferable throughout India in both public and private hospitals. Covers pre- and post-hospitalization services.</p>	<p>It is not a solidarity-based programme, meaning that participants do not receive benefits in accordance with need, and it lacks levels that would cover the lower middle class in Indian culture.</p>
<p>3. It is motivated by strategic purchasing from the private sector and will be implemented through an insurance business, a trust or society, or a blended model.</p>	<p>The specific terms and conditions governing the connection between the government, insurance provider, and private hospitals are unclear. Private hospitals that have been granted empanelled status have voiced concerns that this programme is unfair to them and is not long-term viable.</p>
<p>4. The success of the programme depends on how well the trained government-appointed agents (known as "Ayushman Mitras") carry out their duties and on a strong information, education, and communication (IEC) strategy to spread the word to the population. The Ayushman Mitras will serve as the beneficiaries' main point of contact.</p>	<p>It is unclear how commercial hospitals, insurance firms, public hospitals, and state health authorities contribute to accountability and openness<sup>14</sup>.</p>

### EXPANDED RANGE OF SERVICES

1. Prenatal and postpartum care.
2. Services for newborn and infant health.
3. Services for paediatric and adolescent medical care.
4. Services for family planning, contraception, and other reproductive health care.
5. National Health Programs are included in the management of communicable diseases.
6. Common communicable disease management and outpatient treatment for minor diseases and acute simple illnesses.
7. Non-communicable disease screening, prevention, control, and management.
8. Treatment of Common ENT and Ophthalmic Issues.
9. Basic dental care.
10. Services for palliative and elderly care.
11. Medical Emergency Services.
12. Mental health condition screening and basic management.<sup>(15)</sup>

### CONCLUSION

The Ayushman Bharat Scheme, a national health protection initiative, targets both rural households with the lowest socioeconomic status and urban families in certain occupational groups. It is concluded that families who are not enrolled in the programme have faced some sort of financial hardship as a result of medical expenses. When fully implemented, the PM-JAY health protection system will be the largest health protection scheme in the world. It is a significant step in the direction of the universal health coverage objective (UHC). The sector's financial allotment includes Rs 6,400 crore for the government of India's major health insurance programme, Ayushman Bharat- Pradhan Mantri Jan Arogya Yojna (AB-PMJAY).

### CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest. The research received no specific grant from any funding agency in the public, community, or non-for profit sectors.

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