



Nation building through Ayushman Bharat- A Transformational idea to change the face of public health in India

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Abstract-

Development cannot be achieved in the absence of a healthy population. Healthy people are not just assets to their families ensuring happiness but also act as a critical pivot driving productivity and economic development. No wonder, it is accepted as the most critical development index internationally. Well-conceived policies for the health sector and robust implementation of such policies lies at the heart of nation building. The present Government under Shri Narendra Modi has set in motion several path breaking health sector policies like Ayushman Bharat since coming to power in 2014.

Lack of an insurance cover constitutes the most critical gap in healthcare in a country like India with a large population below the poverty line. A large part of the family income of a poor household often gets consumed while treating a family member for any critical illness, thereby dragging the family further down economic ladder. DARIDRANARAYAN Sewa was the guiding principle, when our Prime Minister Modi announced Ayushman Bharat on 23 rd sept 2018. It is the largest health insurance scheme in the world, which provides a cover of Rs 5 lakh per family per year for hospitalization to around 10.74 crore poor and vulnerable families{approx. 50 crores}.

This centrally sponsored programme, while reaching out to crores of beneficiaries successfully, however continues to encounter many implementation challenges. My paper highlights not just the phenomenal impact this policy has left on the marginalized class, the bottom level of the population but also elaborates on some of the implementation challenges. Private hospitals are not willing to associate due to official formalities, rigid regulations and very low rates for medical procedures like surgery. Some of the states like Delhi, Odisha, west Bengal and Telangana have even refused to introduce this policy for obvious political reasons.

With only 1.4% of GDP being spent on health services, there is a glaring lack of political will to usher in any significant change in the system. India needs serious reconstruction of its health system- infrastructure, public awareness. Some of the recent policy initiatives like Ayushman Bharat clearly points to a change in approach to the issue. But it may be just the beginning of a long journey.

Key words-Nation building, Ayushman Bharat, Insurance policy

Introduction

Nation building through Ayushman Bharat- A Transformational idea to change the face of public health in India

Development is not possible in the absence of a healthy population. Healthy people are not just assets to their families ensuring happiness but also act as a critical pivot driving productivity and economic development. No wonder, it is accepted as the most critical development index internationally. Well-conceived policies for the health sector and robust implementation of such policies lies at the heart of nation building. The present Government under Shri Narendra Modi has set in motion several path breaking health sector policies like Ayushman Bharat since coming to power in 2014.

Continuous improvement in infrastructure both physical and social holds the key to Nation Building. But physical infrastructure may have little meaning if social infrastructure – Health & Education is weak. Even within the block of social infrastructure, Health has always been given primacy as it holds the key to not just economic productivity but happiness in general. Hence there exists a pronounced correlation between economic development and healthcare infrastructure. Citizens in developed countries invariably enjoy the benefits of an advanced healthcare system.

Importance of Healthcare as a critical building block in Nation building becomes obvious in developing countries of Asia and Africa. Universal Health Coverage has quite rightly become a key guiding target mandated by the UN under its Sustainable Development Goals. The challenge remains two-fold in a large populous country like India – 1. Improving public health infrastructure and 2. overcoming the scourge of medical related impoverishment. Lack of an insurance cover constitutes the most critical gap in healthcare in a country like India with a large population below the poverty line. A large part of the family income of a poor household often gets consumed while treating a family member for any critical illness, thereby dragging the family further down economic ladder. No nation can expect from such malnourished, sick and ill people to be happy, aspire to be successful and contribute to nation building process

According to a study by Indian Institute of Public Health (IIPH), active health workers' density (NSSO) of doctors and nurses/midwives is estimated at 6.1 and 10.6, respectively. The numbers drop to 5.0 and 6.0, respectively, after accounting for adequate qualification. These estimates are well below the WHO threshold of 44.5 doctors, nurses and midwives per 10,000 population¹.

Government medical facilities barely reaches out to about 20% of population as nearly 80% depend on private facilities. While improving health infrastructure – increasing number of government hospitals, doctors and nursing staff is primarily driven by higher budgetary allocation to health care, which can only be achieved over the long run, the problem of medical related impoverishment can be handled easily by a well designed public health insurance scheme.

It is estimated that 62.6% of total health expenditure in India by households is out of pocket expenditure (OOPE) for health-related events. People having no access to any form of health insurance scheme sink deeper into poverty by these OOPEs. Nearly 39 million Indians enter into poverty each year because of these back breaking OOPEs. As per World Health Organization's (WHO) global monitoring report of 2017, while 17.3% of Indians spend more than 10% of their annual income for treatment and 3.9% spend more than 25% of their income²

¹ <https://human-resources-health.biomedcentral.com/track/pdf/10.1186/%E2%80%A6>

² <https://www.worldbank.org/en/topic/universalhealthcoverage/publication/tracking-universal-health-coverage-2017-global-monitoring-report>

With just 15% of the population being protected by medical insurance coverage, India always felt the dire need of a Health Insurance Scheme targeted at the poor. Resource constraints and lack of political remained at the root of government inaction on this front even after seventy years of freedom.

Ayushman Bharat – A Game Changer

Initiated by Prime Minister Modi on 18th sept ,2018 through National Health Policy 2017, Ayushman Bharat is a need based health care scheme to provide good quality health care to poor and deprived sections of the population by reducing their financial burden in hospitalization. Starting with the idea of Daridra Narayan Sewa, Ayushman Bharat fulfills one of the key Sustainable Development Goals enunciated by the United Nations -Universal Right to health and medical services. The Programme has been the driving force to cover all members of the identified families to meet complications arising out of preexisting diseases. With a target to cover 107.4 million families and 500 million beneficiaries, Aushman Bharat is lauded as the largest public health insurance programmes in the world.³A long-perceived necessity, the Programme heralded the a new era in Indian healthcare⁴.

Targeted at the Poorest of the Poor

As compared to previous Health care schemes it offers hospitalization cover in secondary and tertiary care up to INR 500,000 for each insured family. It covers nearly 1350 medical packages including surgery and day care treatments, cost of medicines and diagnostics⁵.

The beneficiaries are identified on the data of SECC (Socio Economic Caste Census) of 2011 and erstwhile RSBY (Rashtriya Swasthya Bima Yojana).⁶ households without shelter, people living on alms, annual scavenger families and Primitive tribal groups are also included under this scheme⁷. Beneficiaries automatically excluded are - Households having motorized 2/3/4 wheeler/fishing boat, mechanized 3/4- wheeler agricultural equipment ⁸ kisan Credit Card with credit limit above Rs. 50,000/, government employee, income tax payees, member of household earning more than Rs. 10,000/- per month.⁹This process is completed by empaneled health care providers registration desk through 'Am I Eligible' app or website or through call center number 14555.

The Scheme has a target to establish 150,000 Health and Wellness Centers (HWC)with the objective of improving the services offered by Primary Health Care Centers (PHCs) with emphasis on maternal and child care. Government has continuously increased the number of hospitals under the Scheme to reach out to more beneficiaries. As a result of which 15.58 million admissions in hospitals was reported and number of empaneled hospitals rose to 24,200 as on 25th Jan 2021.¹⁰

³ .<https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission>

⁴ <https://indianpediatrics.net/sep2017/788-789.pdf>

⁵ https://www.academia.edu/93897097/Pradhan_Mantri_Jan_Arogya_Yojana...

⁶ <https://secc.gov.in/homepage.htm>

⁷ https://www.academia.edu/93897097/Pradhan_Mantri_Jan_Arogya_Yojana...

⁸ https://www.academia.edu/93897097/Pradhan_Mantri_Jan_Arogya_Yojana..

⁹ <https://www.coursehero.com/file/p4sbbbq/Automatically-Exclude-some-households-based-on-incomeassets-If-a-household-own/>

¹⁰ {<https://www.onlymyhealth.com/health-budget-allocations-for-the-health>.

This scheme has three implementation Model -Trust model {state managing the claims and settlement} Insurance Model-state government collaborating with Insurance companies to settle the claims. Hybrid or Mixed Model-Insurance companies to settle the claims and state government management by state government.

The Problem of shortage of human resource need to be addressed on a priority basis else public sector health care will remain of poor quality and become largely unacceptable, forcing patients to go to the private sector. This gives the impression that the scheme was designed to benefit private parties more than government health services. Such a perception will ultimately be unsustainable and even detrimental for the poor for whom the scheme is intended. However, Government of India had set a target of appointing 1 lakh Arogya Mitras to carryout PMJAY scheme. These facilitators continue to play a critical role in making the scheme customer friendly.

Commendable scaling up and adoption rate

Success of the AB- PMJAY can be appreciated better when one considers the overall usage of the scheme even during the covid period when elective surgeries and other procedures had virtually been halted in many hospitals as they were declared dedicated Covid centres and beneficiaries were generally scared to get treated at hospitals fearing infection. During the period from 01st March 2020 –19th July 2021, a total of approx. 1.05 crore hospital admissions worth approx. Rs. 11,862 crores had been authorized under AB-PMJAY.

Under Ayushman Bharat Health and Wellness Centre, Government of India is committed to establish 1,50,000 **Health and Wellness Centres (AB-HWCs)** by upgrading the Sub Health Centres (SHCs) and rural and urban Primary Health Centres (PHCs) to bring health care closer to the community.

As on 20th July 2021, 77,406 AB-HWCs are operational across the country.

AB-PMJAY provides treatment corresponding to a total of 1669 procedures under 26 different specialties including chronic diseases like Cancer, Diabetes, Heart Disease and other non-communicable diseases and renal and corneal transplant. Chemotherapy and Radiotherapy packages, along with surgical oncology are covered as part of cancer treatment under the scheme.

Additionally, there is a category of unspecified packages which can be booked for procedures which are not defined in the Health Benefit Packages (HBPs).

Operational Challenges

Any Scheme of the magnitude of Ayushman Bharat - both in terms of the sheer number of targeted beneficiaries and the complex expanse of the geography over which the same is being implemented- is bound to face operational challenges of different kinds. While some of the challenges may arise purely out of the ignorance of the beneficiaries others may occur because of lack of coordination among the stakeholders and absence of integrity among some of them.

Success of any policy depend on manpower, money and infrastructural support. But it was found that less than 20% of health centers met the accepted public health standards. Many of them were not even located in areas which can be reached within 30 minutes by the beneficiaries.

Ayushman Bharat is a centrally sponsored scheme working in the ratio of 60:40 ,where center has to assist 60 % and states 40%. But some of the Opposition -ruled states like Delhi , Jharkhand, Odisha and Telangana have refused to implement it for political reasons.

Many deserving people are left out of the scheme unfortunately. Hence the list of beneficiaries need continuous revision.

Lack of Accountability from health workers, hospital staff and practioners has resulted into many unfortunate incidents leading to loss of lives.

Last but not the least, lack of awareness about the scheme, nonavailability of cards, and absence of Ayushman Mitra in the hospital to help and assist the patients turn out to be major beneficiary pain points. They need not only policy intervention but also customer centric approach by front line staff at the hospitals.

How to make Ayushman Bharat better

Using AB- PMJAY funds to improve infrastructure at government hospitals

Public hospitals empanelled under AB-PMJAY are reimbursed for treatment provided under the scheme at par with cost reimbursed to their private sector counterparts. These funds can be leveraged by such institutions to carry out infrastructural development and establish state-of-the-art facilities. NHA has issued necessary guidelines and instructions to the SHAs and public hospitals to encourage the same. Many States have effectively used the funds allotted to public hospitals for infrastructure upgradation and for providing better amenities to beneficiaries.

A structured approach to quality, encourage competition and empanel top corporate hospitals

NHA has already started partnering with Quality Council of India to develop a quality certification program for empaneled hospitals. AB-PMJAY quality certifications include Bronze, Silver and Gold Quality certifications. Hospitals achieving PMJAY Gold, Silver and Bronze certifications are provided 15%, 10% and 5% higher package rates respectively. As per Government record, as on 19th July, 2021 over 200 empaneled hospitals have been Quality Certified under the scheme.

Further, if an empaneled hospital attains entry level NABH accreditation, it is incentivized by reimbursing the cost of treatment at a rate which is 10 per cent higher than the standard package rates. Similarly, a PMJAY empaneled hospital attaining full NABH accreditation is paid 15 percent higher rate.

These incentives have been designed to promote state-of-the-art healthcare service delivery under AB-PMJAY.

Include the Middle class through a restructured premium plan

One of the often-cited criticism is that the middle class and lower middle-class population have not been included by most of the government aided programs including PMJAY. Many of them cannot afford a private health insurance cover and hence remain exposed to the miseries vagary's big health related OOPes. A modified insurance cover like AB under which beneficiaries also bear part of the premium will go a long way to help address this lacuna.

Research and feedback system

Continuous refinement/improvement in the Scheme is the only way to make it more beneficiary-centric and help achieve better qualitative and quantitative goals. But to ensure such improvement, Government needs to engage in a quality research and feedback system. National Health Authority has entered into a collaboration with WHO to carry out research and evaluation studies. In this regard, a study on "Mainstreaming quality in empaneled hospitals under PMJAY" is being conducted in three States viz. Haryana, Gujarat and Uttar Pradesh. More such studies need to be undertaken to test the effectiveness of particular aspects of the programme.

Few more Suggestions are as follow

- Both center and state government must come forward to address these problems for improving the resources. Governments long term planning should be followed by proper implementation.
- Private health care providers should be strictly monitored to check their activities, who put their best efforts to discourage the poor for their vested interests, thereby derail the programme
- Human resource needs to be planned to operate 150,000 HWCs.
- Regulatory mechanism should be strengthened for speedy and quality delivery of health services to the needy
- Budgetary allocation should be increased for the successful implementation of the project

Methodology

An exhaustive survey of related literatures and published data on the official web site of AB was undertaken to develop a perspective on the Programme. First hand interaction with beneficiaries also helped in appreciating many real-life challenges that the scheme has been facing ever since its inception.

Conclusion

Based on the sheer number of beneficiaries who have benefitted from Ayushman Bharat, and the fact that there simply did not exist any mechanism whatsoever to take care of the OOPe of the poor before 2018, the scheme can be looked at as a pathbreaking initiative in the arena of healthcare. The Scheme is reasonably successful in providing financial relief. But the Government also needs to look at areas concerning quality of delivery by strengthening infrastructure through enhanced budgetary allocation.

Ayushman Bharat can potentially save millions of untimely deaths across the country by providing lifesaving medical cover, thereby also helping augment economic productivity and growth. More importantly, by freeing poor people from the worries of sudden critical illness and its treatment, Ayushman Bharat will allow the beneficiaries lead a care free and happy life. Like every transformative policy, it is also likely to go through its share of teething problems. While filling up a critical void in Universal Health Coverage, it has made a good beginning. Continuous stakeholder consultation and timely course correction can help it evolve in the desired path and emerge as an effective tool in Nation building.

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