INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD)
© 2026 IJNRD | Volume 11, Issue 7, July 2026 | ISSN: 2456-4184 | IJNRD.ORG

AYUSHMAN BHARATH YOJANA FOR ATHMANIRBHAR BHARATHA

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Abstract
The United Nations, people oriented 'Millennium Development Goals' concluded in the year 2015, which triggered new initiatives in the form of 'Sustainable Development Goals (SDG)' with a continuing mandate to "Ensure healthy lives and promoting well-being for all, at all ages". The focus towards achieving Universal Health Coverage for ensuring the wellbeing of all was expressly underpinned in this goal.
The COVID-19 pandemic has exposed numerous structural failures of the government. Among them is a failed healthcare system. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY),popularly known as Ayushman Bharath launched in 2018, is the Bharatiya Janata Party's flagship healthcare insurance scheme, stating its commitment to "leave no one behind" with the promise of providing health cover up to ₹5 lakh for over 10 crore people. This is to be done by relying upon private healthcare providers for service delivery. This work is an effort to look at ayushman Bharath yojana as a health scheme to make India Athmanirbhar.

Introduction

Atmanirbhar Bharat Abhiyaan or **Self-reliant India** campaign is the vision of new India envisaged by the Hon'ble Prime Minister Shri Narendra Modi. On 12 May 2020, PM raised a clarion call to the nation giving a kick start to the Atmanirbhar Bharat Abhiyaan (Self-reliant India campaign) and announced the Special economic and comprehensive package of INR 20 lakh crores - equivalent to 10% of India's GDP – to fight COVID-19 pandemic in India.
The aim is to make the country and its citizens independent and self-reliant in all senses. He further outlined five pillars of Aatma Nirbhar Bharat – Economy, Infrastructure, System, Vibrant Demography and Demand.
Atmanirbhar Bharat which means 'self-reliant India', is a phrase used and popularized by the Prime Minister of India Narendra Modi and the Government of India in relation to the economic vision and economic development in the country. In this context, the term is used as an umbrella concept with regard to making India a larger and more involved part of the world economy, pursuing policies that are efficient, competitive and resilient, that encourage equity, and being self-sustaining and self-generating.

The English phrase has been used by PM Modi since 2014 in relation to national security, poverty and digital India. The first popular mention in hindi came in the form of the 'Atmanirbhar Bharat Abhiyan' or 'Self-Reliant India Mission' during the announcement of India's COVID–19 pandemic related economic package in 2020.The aim is to make the country and its citizens independent and self-reliant in all senses.

India is one of the developing country in the world having 1.3 billion population, of which 66% of population resides in rural area and 34% resides in urban area.[1] According to World Health Organization (WHO), Universal Health Coverage (UHC) is to enable all people and communities to use promotive, preventive, curative, rehabilitative, and palliative health care services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It incorporates equity in access, quality, and financial risk protection.[2]

According to the latest National Health Profile (NHP) data, despite an increase in health care expenditure in India since 2019, the public expenditure on medical services is among the lowest in the world. As per Organization for Economic Co-operation and Development (OECD), India's total healthcare spending is 3.6% of GDP.[3] According to Indian Consumer Economy 360 survey, the average medical expenditure in India is about '9,373.[4] High out of pocket expenditure makes health care services inaccessible to significant proportion of Indian households. The financial constraints is the limiting factor among the population who did not avail medical care. Most of the urban or rural population overcome their health expenditure by taking bank loans or by selling their assets. The health profile report released by WHO in 2014 states that in India because of high out of pocket expenditure annually about 3.2% Indians fall below the poverty line and also three-fourth Indians spending their entire income on health care and purchasing drugs.[4]

In order to facilitate UHC, Indian government has launched an ambitious health care scheme called “Ayushman Bharat.” The Ayushman Bharat scheme essentially has two components: Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centers (HWCs).[5] The PMJAY is a publicly financed health insurance scheme for the socioeconomically deprived rural and selected occupational category of the urban population. It aims to cover 100 million households and approximately 500 million people of the country, which roughly accounts for 40% of the total population.[5] The benefits package under the PMJAY includes cashless treatment until 500,000 rupees for each family every year on a family floater basis. Around 1,350 medical and surgical procedure are included under the scheme which is claimed to include almost all secondary and most of the tertiary care procedures. It allows the beneficiaries to avail free services from either public or an impanelled private hospital. All preexisting diseases are also covered, and the hospital is not allowed to charge any fee.[5]

The execution of PMJAY scheme is authorized by the state government. The state is allowed to continue their existing programs parallel to national program or coordinate them with the new scheme.

Significance

Ayushman Bharat – PradhanMantri Jan ArogyaYojana (AB-PMJAY),

In 2017 an Indian version of the Global Burden of Disease Study reported major diseases and risk factors from 1990 to 2016 for every state in India. This study brought a lot of interest in government health policy because it identified major health challenges which the government could address. In 2018 the Indian government described that every year, more than six crore Indians were pushed into poverty because of out of pocket medical expenses. Despite various available regional and national programs for healthcare in India, there was much more to be done. The Indian government first announced the Ayushman Bharat Yojana as a universal health care plan in February 2018 in the 2018 Union budget of India. The Union Council of Ministers approved it in March. In his 2018 Independence Day speech Prime Minister Narendra Modi announced that India would have a major national health program later that year on 25 September, also commemorating the birthday of Pandit Deendayal Upadhyaya.

Under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), around 10.74 crore poor and vulnerable families, identified as per Socio Economic Caste Census database, are entitled for health cover of

Rs. 5.00 lakh per family per year for secondary and tertiary care hospitalization. As on 17.11.2021, 33 States/Union Territories are implementing the scheme and approximately 2.4 Crore hospitalizations amounting to approx. Rs.28,300 crores have been authorized under the scheme. As on 14.11.2021, 2.92 lakh hospital admissions worth over Rs. 644.5 crores have been authorized under the portability feature. So far, 17.11 crore e-Cards (including cards issues by State Governments) have been issued under the Scheme for facilitating easy availing of benefits. Since Health is one of the essential services needed by all citizens , a poor country like india

Objectives

1. **To study Ayushman Bharath Scheme as a way to athmanirbhar Bharath abhiyan**
2. **To analyse the success and failure of the scheme in Karnataka**

Methodology

Achievements

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (*abb.* AB PM-JAY, translation: *Prime Minister's People's Health Scheme;* also referred to as **Ayushman Bharat National Health Protection Scheme** *abb.* NHPS) is a national public health insurance fund of the Government of India that aims to provide free access to health insurance coverage for low income earners in the country. Roughly, the bottom 50% of the country qualifies for this scheme. People using the program access their own primary care services from a family doctor. When anyone needs additional care, then PM-JAY provides free secondary health care for those needing specialist treatment and tertiary health care for those requiring hospitalization.

The programme is part of the Indian government's National Health Policy and is mean-tested. It was launched in September 2018 by the Ministry of Health and Family Welfare. That ministry later established the National Health Authority as an organization to administer the program. It is a centrally sponsored scheme and is jointly funded by both the union government and the states. By offering services to 50 crore (500 million) people it is the world's largest government sponsored healthcare program. The program is a means-tested as its users are people with low income in India.

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) recently achieved a milestone of one crore beneficiaries since its launch in September 2018. The scheme provides an annual health cover of Rs 5 lakh per family. In June 2018 the applications opened for hospitals through an "empanelment process". In July 2018, the Ayushman Bharat Yojana recommended that people access benefits through Aadhaar, but also said that there was a process for people to access without that identity card. AB PM-JAY was first launched on 23 September 2018 at Ranchi, Jharkhand. By 26 December 2020 the scheme was extended to the Union Territories of Jammu Kashmir and Ladakh. The program has been called "ambitious".

Features of PM-JAY include the following

- Providing health coverage for 10 crores households or 50 crores Indians;
- providing a cover of ₹5 lakh (US$6,600) per family per year for medical treatment in empaneled hospitals, both public and private;
- offering cashless payment and paperless recordkeeping through the hospital or doctor's office;
- using criteria from the Socio Economic and Caste Census 2011 to determine eligibility for benefits;
- no restriction on family size, age or gender; all previous medical conditions are covered under the scheme;
- it covers 3 days of pre-hospitalisation and 15 days of post-hospitalisation, including diagnostic care and expenses on medicines;

- the scheme is portable and a beneficiary can avail medical treatment at any PM-JAY empanelled hospital outside their state and anywhere in the country;
- providing access to free COVID-19 testing.

In May 2020 Prime Minister Narendra Modi said in his radio show *Mann Ki Baat* that the Ayushman Bharat scheme had recently benefited more than one crore people. By May 2020, the scheme had provided more than 1 crore treatments with a value of ₹13,412 crore. The number of public and private hospitals empanelled nationwide stands at 24,432. The Ayushman Bharat Yojana programme announced a special collaboration with the Employees' State Insurance programme in November 2019. From June 2020, the program had entered a pilot to cover 120,000 workers with that insurance at 15 hospitals

Challenges

When Ayushman Bharat Yojana began there were questions of how to reconcile its plans with other existing health development recommendations, such as from NITI Aayog. A major challenge of implementing a national health care scheme would be starting with infrastructure in need of development to be part of a modern national system. While Ayushman Bharat Yojana seeks to provide excellent healthcare, India still has some basic healthcare challenges including relatively few doctors, more cases of infectious disease, and a national budget with a comparatively low central government investment in health care. Some of the problems lay outside the Health Ministry such as urban development or transport. While many government hospitals have joined the program, many private corporate hospitals have not. The private hospitals report that they would be unable to offer their special services at the government low price, even with a government subsidy.

There has been misuse of the Ayushman Bharat scheme by private hospitals through submission of fake medical bills. Under the Scheme, surgeries have been claimed to be performed on persons who had been discharged long ago and dialysis has been shown as performed at hospitals not having kidney transplant facility. There are at least 697 fake cases in Uttarakhand State alone, where fine of ₹1 crore (US$130,000) has been imposed on hospitals for frauds under the Scheme. Initial analysis of high-value claims under PMJAY has revealed that a relatively small number of districts and hospitals account for a high number of these, and some hint of an anti-women bias, with male patients getting more coverage. Despite all efforts to curb foul-play, the risk of unscrupulous private entities profiteering from gaming the system is clearly present in AB-PMJAY.

Ayushman Bharat Arogya Karnataka

"Under the scheme, the patients need to get admitted in a government hospital first. After a screening by the government hospital doctors, a letter will be generated by the authorities indicating required procedure/ operation facility is not available in the hospital and the patient can be shifted to any private notified hospital. Based on this letter, free treatment will be provided at the private hospitals. A total number of 1,650 treatments/ procedures are available under the Scheme in the government/private hospitals.

Karnataka has been in the forefront of successfully implementing various health care schemes through Suvarna Arogya Suraksha Trust on an Assurance Mode, for the benefit of a large section of BPL and APL populace in the State including Road Accident Victims within the borders of Karnataka. The success of implementation through Assurance Mode was reinforced by the fact that there was 64 % reduction in Out of Pocket Expenditure (OOE), mortality was reduced by 64 % among BPL families and 12.3 % households are more likely to access hospital care –as per a World Bank Study. Thus continuing the mandate of SDGs, the government decided to extend Universal Health Care in all the three sectors of primary, secondary and tertiary care to all residents of Karnataka.

Hence the launch of the pioneering "Ayushman Bharat Arogya Karnataka" dedicated to the people of Karnataka. With this Karnataka is proud to be the FIRST STATE in the Country to declare and implement Universal Health Coverage to insulate Karnataka people from impoverishment as well as to ensure the overall health and well-being of the people of Karnataka.

The current ongoing health schemes like Vajpayee Arogyashree, Yeshaswini Scheme, Rajiv Arogya Bhagya Scheme, Rashtriya Swasthaya Bima Yojana (RSBY) including RSBY for senior citizens, Rashtriya Bala Swasthaya Karyakram (RBSK), Mukhyamantri Santwana Harish Scheme, Indira Suraksha Yojane, Cochlear Implant Scheme etc. will all be converged under this new Ayushman Bharat Arogya Karnataka Scheme.

The scheme will be rolled out in Karnataka in phases. In the first phase 10 major hospitals have been chosen, They are KC General Hospital, Jaya Sri Jayadeva Institute of cardiology and research PMSSY, Victoria Campus, Mandya Institute of Medical sciences, Mcgann Institute of Medical Sciences, Shimogga,Wenlock District Hospital, Mangluru, Karnataka institute of Medical sciences, Hubli, Gulbarga Institute of Medical Sciences, Gulbarga Vijayanagara Institute of Medical sciences, Bellari.

In the next phase it shall be rolled out in other 33 major and district level hospitals within 30.6.2018.Thereafter, the roll out of the scheme to taluka level hospitals, CHC and PHCs shall be completed by 30.9.2018, 31.10.2018 and 31.12.2018 respectively.

For accessing the scheme benefits, the beneficiaries have to be enrolled in the "Ayushman Bharat Arogya Karnataka" system. A patient needs to be enrolled at a PHI only once. When a patient approaches a PHI for the treatment, the enrolment staff of the PHI will be enrolling the patient on the enrolment portal developed for "Ayushman Bharat Arogya Karnataka" and generate a unique ID called "ArKID". The enrolment is based on a person's Aadhar Card number. The patient's biometric impression is captured on a biometric device and authenticated with CIDR Aadhar Server. The E-KYC details will be auto populated.

Once the E-KYC form is filled and the beneficiary categorization is completed, the beneficiary will become registered under the Scheme and will be given a unique scheme ID "Ab-ArK ID" number. The generated unique ID number printed on a card will be provided on a payment of Rs.10/- only for the first time to the successfully enrolled beneficiary.

The beneficiary will not be required to carry his Adhaar card or Food card the next time he visits the hospital for treatment. He will be serviced based on the Ayushman Bharat Arogya Karnataka card.

Benefits of Ayushman Bharat- Arogya Karnataka Scheme

- Financial assistance up to INR 5 lakh per annum will be provided for specified simple secondary care, complex secondary healthcare treatment, tertiary healthcare and emergency healthcare to a family that comes under the definition of "Eligible Patients". This will be on a family floater basis meaning one or more persons of the family can use the full cover of INR 5 lakh. One person can use the entire INR 5 lakh as well.
- The benefit limit for General Patient shall be 30% of Government package rates, with overall annual limit of INR 1.50 lakh per family per year on a co-payment basis.

Eligibility Criteria of Ayushman Bharat- Arogya Karnataka Scheme

Eligible Patient: A patient who is a resident of Karnataka State and belongs to "Eligible Household" as defined under the National Food Security Act, 2013; This category shall also include the beneficiaries listed in the SECC data and the enrolled members of the earlier Rashtriya Swasthya Bhima Yojana

General Patient: A patient who is a resident of Karnataka State but does not come under the definition of "Eligible Household" as defined under the National Food Security Act, 2013, or does not produce the eligible household card. The treatment cost will be on co-payment basis.

Exclusions

Universal health coverage as assured in this new scheme shall exclude the following categories of residents as they can avail healthcare through other schemes.

i. Residents covered under Employees' State Insurance Scheme;
ii. Residents covered under health assurance or health insurance schemes of their employers;
iii. Residents who have taken private health insurance policies on their own;

iv. Residents covered under Central Government Health Scheme of the Government of India;
v. Employees of Government of Karnataka till the amendment of the Karnataka Government Servants' (Medical Attendance) Rules;
vi. Members of Karnataka Legislature till the amendment of the Karnataka Legislature (Members Medical Attendance) Rules 1968.

Karnataka stands at first place when it comes to establishing health and wellness centres (HWC) under the Ayushman Bharat programme to provide comprehensive primary health care in rural areas. With a score of 90 out of 95, the state ranks on top when it comes to the implementation of the project for the year 2020- 21 as per the health and family welfare department.
The Centre had set a target of upgrading 2,096 PHCs to HWCs. The state has upgraded 2,168 PHCs so far, which is 103 per cent more than the set target. Also, against the target of upgrading 294 urban PHCs, the state has already upgraded 364 PHCs. The Centre had set a target of 4,653 HWCs to be established in the state. The state has established 5,832, which is 125 per cent more than the target set by the Union Government.

State Health Minister Dr K Sudhakar said, "Karnataka has emerged as the best state in the country when it comes to the implementation of HWCs under the Ayushman Bharat programme," The health minister added, "I appreciate all the officers and staffers of the health and family welfare department for this outstanding achievement. The health department is focussing more on controlling the Covid-19 pandemic at this point of time.

The state government is also facing a revenue crunch due to the economic slowdown caused by the pandemic. However, this has not stopped our government from implementing developmental projects. Even though our short-term to medium-term goal is to tackle the pandemic, our long -term goal and ultimate aim is to strengthen PHCs, which are the building blocks our public healthcare system."

The state leads in implementing the project for the year 2020-21, the department said in a statement. It said the union government had set a target of establishing 2,263 HWC sub-centres, and the state has upgraded 3,300 centres till March 31, which is 146 per cent more than the set target.

The Centre had also given the target of upgrading 2,096 PHCs to HWCs, 2,168 have been upgraded so far which is 103 per cent more than the set target, it further said. Also against the target of upgrading 294 urban PHCs, the state has already upgraded 364 PHCs, which is is 124 per cent more than the set target, the department said a total of 4,653 HWCs have to be established in the state as given by the centre out of which 5,832 have been established which is 125 per cent more than the given target,"

Discussions:

The state of Healthcare in India (Need)

- **COVID-19 crisis** has highlighted glaring gaps in India's healthcare sector.
- **Availability of basic infrastructure**: India has 1.4 beds per 1000 people, 1 doctor per 1445 people, inadequate other staff.
- **Less Spending:** Oxfam India 2020, India at 155th, allocating less than 4% of their budget on health (4th lowest in the world).
- **Insufficient Integrated Disease Surveillance Programme (ISDP):** Due to manpower & resource shortage.
- **Denial of health care:** High out of the pocket expenditure & non-uniformity in Health care (regarding Rural Vs Urban)

Ayushman Bharat is **a health protection scheme** to provide health insurance to citizens. It provides insurance coverage of up to Rs. 5 lakh on a family floater basis to beneficiaries every year in order to receive primary, secondary, and tertiary healthcare services.
Health Related Steps taken so far for COVID containment Already announced – Rs. 15,000 crore • Released to states – Rs. 4113 cr • Essential items – Rs. 3750 cr • Testing labs and kits – Rs. 550 cr • Insurance cover of Rs 50 lakhs per person for health professionals under Pradhan Mantri Garib Kalyan Yojana. Leveraging IT – • Roll out of e-Sanjeevani Tele-ConsultationServices • Capacity Building: Virtual learning modules – iGOT platform • Arogya Setu:self assessment and contact tracing Protection to Health Workers – • Amendment in Epidemic Diseases Act • Adequate provision for PPEs – • From zero to > 300 domestic manufacturers • Already supplied - PPEs (51 lakhs), N95 masks (87 lakhs) HCQ tablets(11.08 Cr)

Problems on the Ground

Shah Alam Khan writes that during the scheme's first year of implementation, there were 1,200 cases of corruption related to AB PM-JAY beneficiaries.

Investigations have been completed in 376 hospitals and first information reports (FIRs) filed against six hospitals. After the conclusion of investigations, a penalty of Rs 1.5 crore has been levied and 97 hospitals have been delisted from the scheme. Within the private sector, 71% of the hospitals empanelled have less than 25 beds and offer non-specialised care (Mani 2019). The document, "Lessons Learned in one year implementation of PM–JAY," available on the AB–PMJAY website, enlists fraud as a challenge that needs to be tackled for better implementation (National Health Authority 2019). Thus, the potential problems of "profit-motivated" supplier-induced demand by private healthcare providers and corrupt practices are possible ethical burdens of the scheme (Gopichandran 2019).

Inequity in access is also a serious issue, especially for the poor who suffer from serious ailments. Khan notes that chronically ill patients are being denied treatment under the scheme as their illness is not "listed" among the medical packages AB PM-JAY provides for. This is despite having valid documentation.

A Push towards the Privatisation of Healthcare

At present, the cover offered by AB PM-JAY covers less than 30% of hospital charges. Shailender Kumar Hooda argues that without substantial funding, the scheme is likely to fail. The insurance-based system to fund the scheme does not work on the principle of resource-pooling, but rather the government earmarks funds for the project. Consequently, out-of-pocket payments for medical care are not covered under the scheme, and near-poor and near middle-income families who are mostly unable to afford healthcare remain excluded from the insurance coverage. In the scheme's current form, covering those in need would result in private capital monopolising healthcare.

Conclusion

If the public system fails to meet outpatient and other demands of the general population, the next level of argument would be to cover outpatient care under insurance. The fragile condition of the public system might force the government to cover all sections of society under the insurance umbrella to meet both inpatient and outpatient care demands. Political economy comes into play here, where the government feels a compulsion to ensure protection to the entire population and for all type of care. This will bring a fundamental transformation in the existing healthcare system where the rule of game will change in favour of privatisation with private sector expected to provide all types of care and treatments. The government's role would be minimal, to provide financial protection. The changing nature of budgetary priority will minimise the political decision-making

powers of the government on financing, management, operation and establishing a robust healthcare system through the input line budget, as different stakeholders will come into play in determining the budget.

Health care is the most essential services required in the community for prevention, treatment, rehabilitation, and preventive care. An efficient health care can significantly contribute to country's economy, development, and industrialization. Unfortunately, due to increase in health care expenses and unexpected illness, many families or individuals pay for health services out of their own pockets and been pushed into poverty. In India due to high out of pocket expenditure annually, about 3.2% Indians fall below the poverty line and also three-fourth Indians spend their entire income on health care and purchasing drugs.[4] The main aim of Universal Health Coverage (UHC) is to make the individual or community to access the health care they require without any financial hardship. So in order to achieve UHC, Ayushman Bharat scheme has been launched by the government of India

Creating awareness, appropriate governance, and working toward quality assurance, prompt referral pathways in both public and private healthcare providers can make Ayushman Bharat scheme effective

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