

IT IS HEALTH THAT IS REAL WEALTH, AND NOT THE PIECES OF GOLD OR SILVER

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ABSTRACT

Launched in 2018, Ayushman Bharat is one of India's most ambitious healthcare projects to provide universal healthcare. This research paper presents an impact on Ayushman Bharat, focusing on its effectiveness in improving access, quality and financial protection of vulnerable populations. The study uses a mixed-methods approach that combines quantitative analysis of health care use patterns and financial outcomes with qualitative insights from beneficiary interviews and a health care provider's perspective. Key research areas include scaling up the system, impact on health outcomes, implementation challenges and lessons learned for future policy. The findings illuminate the strengths and limitations of Ayushman Bharat and provide valuable information to policymakers and stakeholders involved in health reform efforts in India and elsewhere.

INTRODUCTION

आरोग्यं परमं भाग्यं स्वास्थ्यं सर्वार्थसाधनम्॥ Health is the biggest wealth in one's life. This research paper will discuss around one of the welfare schemes that government of India launched in September 2018 known as AYUSHMAN BHARAT also called “Pradhan Mantri Jan Arogya Yojana”. Ensuring equal health care for all is critical to promoting a healthy and prosperous society. A country free from the burden of health care costs and committed to preventive preventive care not only promotes public health but also grows a stable population. Providing accessible and equitable health care is an important responsibility of government to promote the well-being of its citizens. Cooperative federalism and flexibility vis-à-vis is the core principle of the Ayushman Bharat National Health Mission. PMJAY embodies progress towards promoting, preventing, mitigating, and rehabilitating aspects of universal health care by opening Health and Wellness Centres (HWC) at the primary level and providing financial protection for access to treatment services at the secondary and tertiary levels through inclusion. with both the public and private sectors. The purpose of this research paper is to examine the PMJAY program and assess how far it could go in achieving the goal of universal healthcare.



METHODOLOGY

To have a extensive study on the public policy “AYUSHMAN BHARAT” and to get,know about its knowingness in the society I made a google form with 10 different question talking about the policy and its implementation and reforms needed to make it more public friendly and useful.

RESULT

The survey I conducted resulted in following conclusion:

The first question I asked in my survey was about the awareness of the policy AYUSHMAN BHARAT, to which out of 100% 94.4% people knew about the policy and rest 5.6% people did not knew about it.

The second question in series was have they or anyone in their family being -benefited from Ayushman Bharat's healthcare services to which 77.8% responded positively and 22.2% responded negatively.

The next question was to rate the accessibility of healthcare services under Ayushman Bharat 16.7% people rated it on 2 star, 66.7% people rated it on 3 star and 22.2% people rated it on 4 star scale respectively.

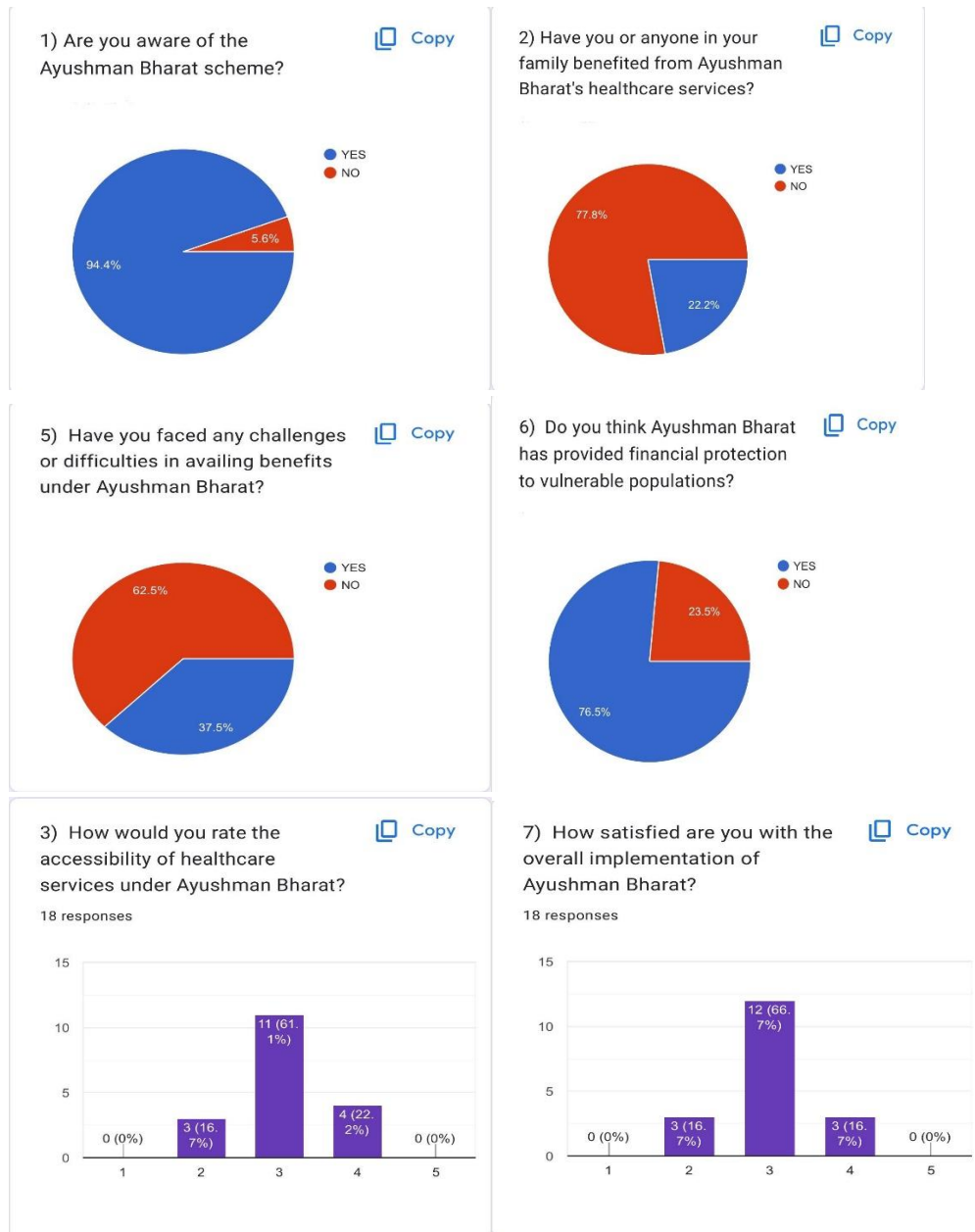
The next question talked about did Ayushman Bharat improved the quality of healthcare in India 88.9 % people reacted positively and 11.1% people reacted negatively.

The next question talked about any challenges or difficulties faced in availing benefits under Ayushman Bharat here 62.5% stated NO whereas 37.5% stated YES.

The next question talked about financial protection given to vulnerable populations under the policy 76.5% peopled agreed it as useful financial protection given to vulnerable group whereas 23.5% people voted against this notion.

My next question emphasised on How satisfied are the people with the overall implementation of Ayushman Bharat here 66.7% people rated it on scale of 3 and 16.7% rated it on scale of 2 and 4 respectively.

The next question focused on any improvement or suggestion the respondent wished to have in the policy so majorly responses covered suggestion like having transparency, awareness, feedback mechanism, developing infrastructure, quality healthcare delivery.



DISCUSSION

Health care is the most central service of prevention, treatment, rehabilitation, and preventive maintenance of the society. Effective healthcare can have a significant impact on a country's economy, development, and industrialization. Unfortunately, due to rising health care costs and unexpected illnesses, many families or individuals end up paying out of pocket for health care services and fall into poverty. In India, approximately 3.2% of Indians live below the poverty line each year due to high utility expenses, and three-quarters of Indians spend all of their income on healthcare and medicine. The main objective of Universal Health Insurance (UHC) is to enable an individual or community to access necessary health care without financial difficulties. So, to achieve UHC, Indian government launched Ayushman Bharati program.

OBJECTIVES

Universal Health Care

The main objective of Ayushman Bharat is to provide financial protection to all citizens of India against high healthcare costs.

Inclusive Health Care

It aims to ensure that the vulnerable and economically weaker sections of the society have access to quality health services.

Reduction of out-of-pocket costs

by offering health insurance, the system aims to reduce the burden of out-of-pocket health costs for individuals and families.

Improving the quality of healthcare

Ayushman Bharat also focuses on improving the quality of healthcare services by promoting best practices and standards.

FEATURES

Health Insurance

Ayushman Bharat offers health insurance up to Rs. 5,000,000 euros per family per year for secondary and tertiary health services.

Target beneficiaries

Based on Socio-Economic Caste Calculation (SECC) data, the scheme targets poor and vulnerable families.

Cashless Treatment

Beneficiaries can get cashless treatment in public and private hospitals across India.

Wide range of services

The scheme covers a wide range of medical services including operations, diagnostics, medicines and pre-hospital and post-hospital expenses.

Portability

Ayushman Bharat enables beneficiaries to access healthcare across India, making it portable across states.

Hospital Merger

Hospitals are merged based on predefined criteria to ensure quality and standards of care.

IT infrastructure

The system uses IT systems for identification of beneficiaries, handling of applications and monitoring of service.

Anti-fraud

Measures such as biometric authentication and regular checks have been put in place to prevent fraud and abuse of the system.

COVERAGE OF THE POLICY

PM-JAY (Pradhan Mantri Jan Arogya Yojana) is a health insurance program in India aimed at enrolling the poorest and most vulnerable populations. The program targets the bottom 40% of the poor and vulnerable population, which includes almost 12 billion households. The eligibility criteria for rural beneficiaries are based on the exclusion criteria outlined in the SECC 2011 database, such as living in a one-room house or having no adults aged 16-59. In urban areas, specific occupational categories like rag workers and street vendors are eligible for the scheme. The SECC database is used to identify target beneficiaries for PM-JAY, as it classifies households based on their socioeconomic status and exclusion/inclusion criteria. While the program uses SECC for eligibility, states have the flexibility to use their own databases if they have already identified beneficiaries through existing health insurance schemes. However, states must ensure that all eligible families according to the SECC database are included in PM-JAY.

Overall, enrolling the poorest and most vulnerable populations in a health insurance program like PM-JAY is challenging due to affordability and reach issues. By utilizing the SECC database and targeting specific exclusion criteria, the program aims to provide healthcare coverage to those who need it the most in India.

Funding of the Scheme

PM-JAY is fully funded by the Government and the cost is shared by the Central and State Governments. The Government of India decides on the national ceiling per family, based on which the ceiling on the share of the average contribution is determined. The actual premium found through open bidding or the maximum estimated premium for implementation of PM-JAY as decided by the Government of India, whichever is lower, will be shared between the Central Government and the States/UTs as per the prevailing period. Instructions issued by the Ministry of Finance from time to time. In addition, the system covers the administrative costs arising from the implementation of the system at the state level, which are shared between the centre and the state in the same sharing model. The current distribution pattern is 60:40 between states (except the North Eastern states and three Himalayan states) and union territories with legislative powers. In North Eastern and three Himalayan states (i.e. Jammu and Kashmir, Himachal Pradesh and Uttarakhand) the ratio is 90:10. In union territories where there are no parliaments, central government can provide up to 100% on a case-by-case basis. Payment of Intermediate Portion Insurance Model - A fixed premium per family, irrespective of the number of PM-JAY members in that family, is paid to the State Government, which in turn pays the insurer for that number. of eligible families. Control Model - The average portion of the payment is paid based on the actual cost of the

ads or the maximum amount, whichever is lower. If the state uses an administrative support agency, the ISA costs determined through the procurement process will also be shared between the centre and the state.

Challenges faced by the scheme

Ayushman Bharat, like any large-scale health initiative, has faced several challenges since its inception. Some of the main challenges are:

Identification of beneficiaries

One of the first obstacles was the accurate identification and registration of eligible beneficiaries. This process was based on data from the Socio-Economic Caste Census (SECC), which was criticized for errors and omissions.

Infrastructure and Capacity

The success of the system depends heavily on the availability and capacity of health infrastructure, especially in rural and remote areas. Limited infrastructure and labor shortages in some areas have created problems in providing high quality health services to beneficiaries.

Empanelment and quality control

Ensuring the empanelment of quality healthcare providers and maintaining standards of care in empanelled hospitals has been an ongoing challenge. Some concerns have been raised about differences in the quality of services provided by different empaneled facilities.

Fraud and abuse

Like many public welfare systems, Ayushman Bharat has also faced challenges related to fraud and abuse, such as overcharging hospitals or providing unnecessary treatment to maximize profits. Efforts to prevent and combat fraud through IT systems and audits are ongoing.

Awareness and Outreach

Creating awareness about the scheme and reaching out to eligible beneficiaries, especially in marginalized communities, has been a constant challenge. Many eligible individuals may not be aware of their rights or how to avail Ayushman Bharat benefits.

Sustainability and Funding

The long-term sustainability of funding for Ayushman Bharat remains a matter of concern. While the government has committed significant resources to the system, ensuring funding and financial viability over the years is critical to its success.

Integration with State Health Systems

Given the diverse health landscape of Indian states, coordination with state health systems and ensuring seamless integration with existing health programs and initiatives has been a challenge. Meeting these challenges requires continued work with policy making, implementation strategies, capacity building, technology integration, public education campaigns and stakeholders at different levels of the health ecosystem.

WAY FORWARD

Going forward, Ayushman Bharat can benefit from several reforms and strategies to improve its efficiency and impact:

Data improvement: Improve the quality and accuracy of data through regular updates and validation mechanisms to ensure better targeting of beneficiaries.

Expand Infrastructure: Invest in expanding health infrastructure, especially in underserved areas, to improve access to quality health services.

Quality Control: Implement rigorous quality control measures, accreditation standards and regular audits to maintain high standards of care in empanelled hospitals.

Digital Health Integration: Use digital health technologies to seamlessly integrate health information, telemedicine services and data analytics to improve health care efficiency.

Fraud prevention: Strengthen fraud detection mechanisms using advanced analytics, biometric authentication, and real-time monitoring to reduce fraud.

Beneficiary empowerment: Empower beneficiaries through health literacy programs, grievance mechanisms and feedback to improve their engagement and experience with the system.

Support of Healthcare Providers: Provide training, incentives, and support to healthcare providers to improve their capacity, quality of care and adherence to system guidelines.

Innovative Payment Models: Explore innovative payment models such as bundled payments, value-based care, and outcomes-based reimbursement to improve the quality and efficiency of health care.

Partnerships and Collaborations: Promote partnerships with private sector service providers, NGOs, and civil society organizations to leverage their expertise, resources and networks to improve program implementation.

Policy Updates: Continually review and update policy frameworks, regulatory guidance, and legal mandates to address emerging challenges, foster innovation and adapt to changing health care needs.

By implementing these reforms and strategies, Ayushman Bharat can evolve into a more robust and sustainable healthcare system, providing better access to affordable and quality healthcare to all eligible beneficiaries across India.

CONCLUSION

India has taken significant steps towards universal health care with the Ayushman Bharat initiative providing comprehensive access to health care in urban and rural India. Ayushman Bharat has adopted a proactive strategy to address disparities in access, availability, and quality in rural India. This program had an immediate impact on improving access to health care and financial protection, promoting the development of health infrastructure. This could be a model for equitable global health care. In addition, this plan has proven valuable during the COVID-19 pandemic, providing financial protection to millions of people. Although progress has been impressive, significant challenges remain to be addressed - the gap between the supply and demand of health services, increasing government health expenditure and underfunding of rural health centres. As part of an effective future plan, more emphasis should be placed on prevention and early diagnosis, integration of the Ayushman program with other regional programs and general awareness campaigns to maximize its use among the target beneficiaries. By directly addressing these challenges, Ayushman Bharat

can achieve its goal of providing equitable and cost-effective healthcare services to all Indians. It fulfils its mission to promote the achievement of universal health as one of the goals of sustainable development.

CITATION

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