

A Comprehensive Review of Ayushman Bharat: Achievements, Challenges, and Future Directions

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Abstract

The NDA government under the leadership of Prime Minister Narendra Modi, introduced the Ayushman Bharat scheme, a transformative healthcare initiative in India. Launched in 2018, it aims to provide financial protection and access to quality healthcare services for millions of vulnerable and underserved citizens. This ambitious program has made significant strides in improving healthcare accessibility and affordability across the country.

Indian healthcare has evolved over the past three decades and is currently at a very critical juncture to achieve the 3As (Affordability, Accessibility and Availability) of healthcare. The Indian government's innovative healthcare program has drawn much attention for its overarching goal of ensuring that every citizen has access to healthcare. This paper provides a nuanced analysis of the program's successes, difficulties, and potential future possibilities. It highlights the important advancements made in expanding access to healthcare, reducing financial burdens on disadvantaged populations, and fostering healthcare innovation. It also draws attention to enduring issues including the need for consistent funding, the improvement of the healthcare system, and the reduction of regional inequities. This evaluation highlights the need to solve these issues as Ayushman Bharat moves forward and provides suggestions for possible directions for the program's future development, providing equal and open access to healthcare for all Indians. It emphasizes how it adapts Obamacare's guiding principles to the particular circumstances of India and explores these programs' broader ramifications in the global healthcare reform environment. This analysis advances knowledge of the challenges and potential of global efforts to provide universal healthcare by comparing the experiences of India and the World and also among various states within India.

The Ayushman Bharat program encountered significant challenges during the COVID-19 pandemic, primarily stemming from the inadequacies within the healthcare infrastructure. India is one of the developing nations that not only helped many other nations in need while managing the health problem with little resources. The SECC 2011 database was used to identify the beneficiary families, which total 10.74 crore families and 50 crore individuals, based on certain deprivation and occupational criteria in rural and urban areas, respectively. The paper attempts to look at various challenges to be faced in implementation of this scheme and role of various stakeholders required for its success.

Introduction

After 75 years of independence, the majority of Indians still lack access to affordable, high-quality healthcare. According to the Economic survey only 25% of Indians are covered by both

government-run and private health insurance programs. Under the 12th Five Year Plan, the government established a High Level Expert Group to address this issue, which issued a report with a focus on Universal Health Coverage as a Fundamental Component of Social Security. Ayushman Bharat Program, which aims to provide health insurance to 10 crore BPL families, was included in the Union Budget 2018.

Healthcare is a fundamental human right, yet millions around the world still lack access to quality medical services, and India, as one of the world's most populous nations, faces this challenge on a colossal scale. In 2018, India launched a groundbreaking healthcare reform initiative known as Ayushman Bharat, with the ambitious goal of providing universal health coverage to its citizens. This comprehensive research paper delves into the multifaceted dimensions of Ayushman Bharat, exploring its origins, objectives, components, achievements, challenges, and future prospects.

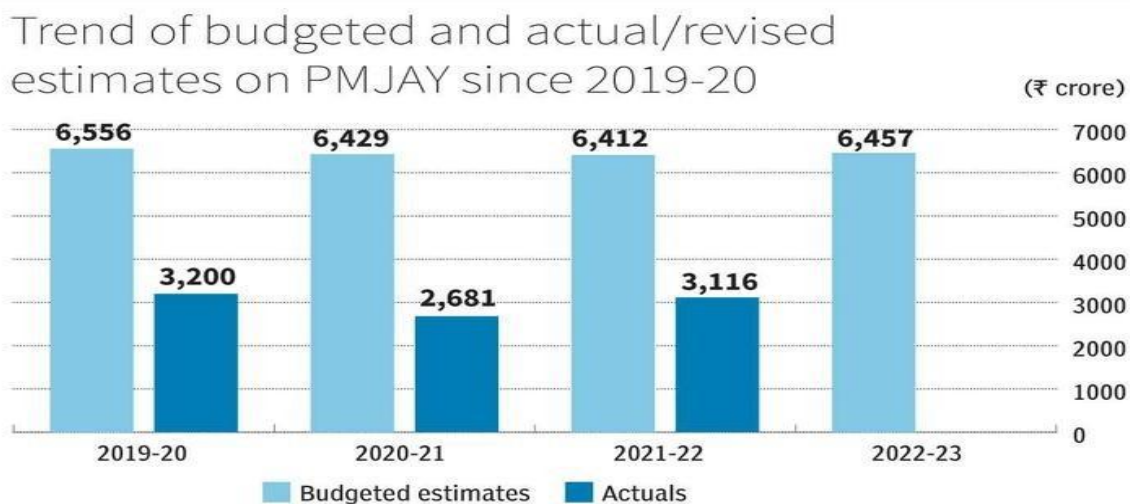
India's healthcare landscape is marked by both progress and persistent disparities. While the country boasts world-class medical facilities and skilled healthcare professionals, access to these services remains unequal, with a significant portion of the population deprived of essential care. Moreover, the financial burden of healthcare expenses pushes many Indian families into poverty.

Background

The introduction of social health insurance has been one of the most significant innovations of the past decade. While public health spending (including both Centre and States) has seen only a marginal increase over the last decade, government spending on social health insurance has increased consistently. Spending on social health insurance (at current prices) has almost doubled between 2013-14 and 2018-19 due to increased coverage under RSBY and later Ayushman Bharat, rising healthcare costs, higher enrollment as more people became aware of and enrolled in these insurance programs, and the pool of insured individuals grew contributed to increased spending on premiums and healthcare services, inflation, improved infrastructure, and government commitment to healthcare access and affordability.

Meanwhile, the government in September 2018 revamped the existing Rashtriya Swasthya Bima Yojana (RSBY) and introduced the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Ayushman Bharat scheme with an aim to expand the services to a larger number of households. The annual coverage also increased to ₹ 5 lakh per household as opposed to ₹ 30,000 in RSBY.

According to the estimated demand and expenditure for PMJAY by the 15th Finance Commission on Ayushman Bharat (2019), the total costs (Centre and States) of PMJAY could range from ₹28,000 crore to ₹74,000 crore for the next five years. However, it is observed that the Government did not spend a significant amount as mentioned in the 15th Finance Commission report for PMJAY since its inception. In fact, actual spending was much lower than the budgeted estimates over the last three Budget periods as shown in figure.



Source: NCAER National Data Innovation Centre

Coverage under the PMJAY scheme has significantly expanded, aiming to reach 10.74 crore families or approximately 55 crore individuals from the lowest socioeconomic strata, though achieving this goal may take time. However, the utilization of allocated funds has been subpar, with a decline from 83% in 2018-19 to 42% in 2020-21, despite the pandemic according to a report provided by the National Council of Applied Economic Research (NCAER) an economic think tank in 2019. This decline suggests implementation gaps, lack of awareness among beneficiaries regarding their health benefits and the process to access them has been a significant issue, as highlighted by NCAER research.

Methodology:

Review of the documentation desk : Early documents, presentations, notes from working groups, and resources are available on the website of the National Health Authority (NHA) which is a nodal agency for implementation of Ayushman Bharat, media stories, and other NHA-accessible

documents were examined to compile data that was already in the public domain. However, the majority of sources and informational items the PM-JAY's effort, and the NHA, did not concentrate on the first stages of concept was developed into a pan-Indian program and launched, incorporating ideation nationally in September 2018.

What is Ayushman Bharat and why was it needed ?

Ayushman Bharat emerges as a visionary response to these pressing issues. Comprising two main components, Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Health and Wellness Centers (HWCs), this initiative aspires to redefine healthcare accessibility and affordability in India. PM-JAY, often referred to as "Modicare," offers health insurance coverage for secondary and tertiary care services, while HWCs are designed to strengthen primary healthcare at the grassroots level.

The Ayushman Bharat initiative was necessary due to India's complex healthcare challenges. Despite economic progress, over 20% of the population lives in poverty, and a significant demographic shift with 34% aged 15-35 adds pressure. India faces a "triple burden of disease," including communicable and non-communicable diseases and injuries. The healthcare system's challenges include a heavy reliance on a small, unregulated private sector, primarily in urban areas, leaving many underserved. Public hospitals struggle with funding, a shortage of skilled professionals, inconsistent supplies, and overcrowding. Ayushman Bharat aims to address these disparities and provide healthcare access to the vast Indian population.

Features:-

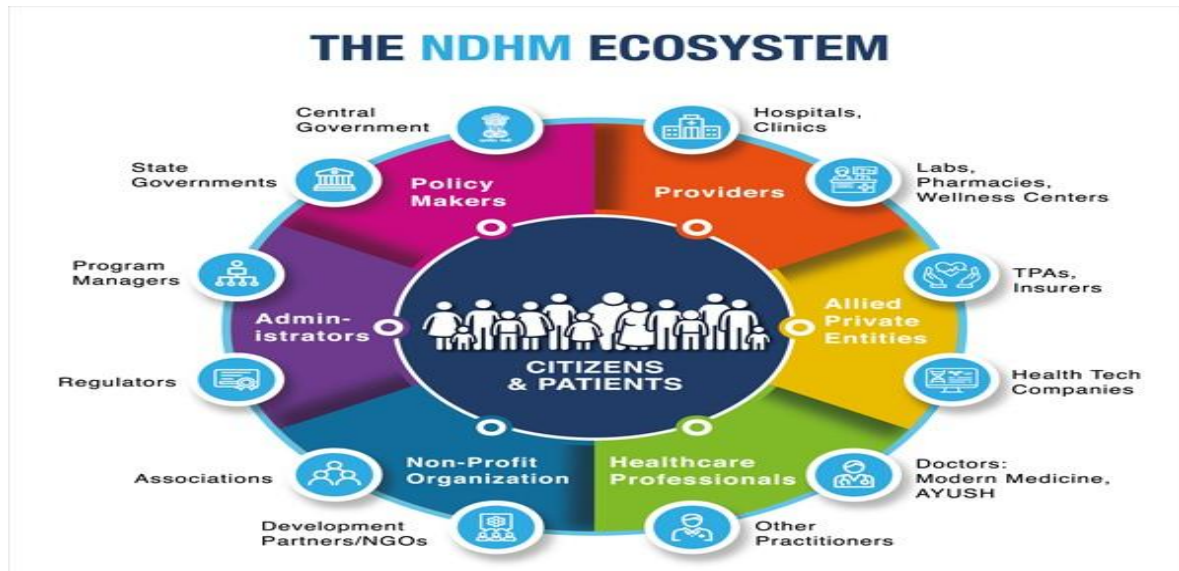
- **Health Coverage:** More than 12 crore families (the lower 40% of the population) are covered by the scheme for secondary and tertiary care hospitalization up to Rs 5 lakh per family per year.
- **Packages:** The program offers full coverage for 1,949 different medical and surgical treatments for practically all health ailments, including treatment for burns, cancer, heart disease, neurosurgery, orthopedics, and mental illnesses.
- **Funding:** The program is funded by both the federal and state governments because it is a centrally sponsored program. The budget for 2023-24 is Rs 7200 crore. For the majority of states, the financing ratio is 60:40; for the Himalayan and Northeastern states, it is 90:10; and for union territories without a legislature, it is 100:0.
- **Ayushman Bharat Card:** The Ayushman Bharat Card, also known as the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) card, is a vital identification card provided to eligible beneficiaries of the Ayushman Bharat program in India. This card

serves as tangible proof of an individual's enrollment in the scheme and is issued with key details such as the beneficiary's name, photograph, unique identification number, and other relevant information. It plays a crucial role in facilitating hassle-free access to healthcare services by simplifying the verification process at empaneled hospitals and healthcare facilities. Essentially, the Ayushman Bharat Card is the gateway for beneficiaries to receive cashless and paperless medical treatment, ensuring they can avail themselves of the scheme's benefits effectively. Recently, a program called Ayushman Bhava program, a sub-initiative of Ayushman Bharat is set to be launched to distribute 60,000 health cards to the individuals. These health cards serve as essential tools to grant beneficiaries access to cashless and paperless healthcare services at empaneled hospitals.

- **IT Platform**: The scheme makes use of a strong IT platform to guarantee seamless service delivery and guard against fraud and abuse. The platform has features including a beneficiary identification system, a module for hospital empanelment, a system for managing transactions and claims, a grievance resolution process, etc.
- **Hospitals**: The program includes a nationwide network of more than 27,000 hospitals with empanelled status, more than half of which are private facilities. For efficient execution, the plan also supports public-private partnership options based on trust, insurance, or hybrid structures.
- **Portability**: Interstate portability is a feature of the program that allows beneficiaries registered in one state to access services in any other state that offers the AB-PMJAY program. Migrants have found this to be useful, especially during emergencies.
- **Arogya Mitras**: The program has a dedicated staff of Pradhan Mantri Arogya Mitras (PMAMs) who help the beneficiaries at each stage of their journey as part of the program. They are in charge of verifying beneficiaries, registering, pre-authorizing, submitting claims, etc.
- **Monitoring and Evaluation**: To maintain accountability and openness, the program incorporates a monitoring and evaluation process. The program provides a public dashboard where day-to-day implementation details can be followed. Without compromising their privacy, the program also makes the names of people who have received therapy through it public. Processing claims is entirely anonymous.
- **Anti-fraud** :A National Anti-Fraud Unit (NAFU) for the program is in charge of designing, putting anti-fraud programs into action, and supervising them. State-level anti-fraud units are also present. The NAFU employs machine learning and artificial intelligence (AI/ML) technology to identify potentially fraudulent transactions. To monitor for abuse, the NAFU also performs desk and field audits, including unexpected ones. For fraud or malpractice, more than 210 hospitals have been removed from the panel.

- **Jan Aushadhi kendras:** They are a part of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), are crucial within Ayushman Bharat for offering affordable generic medicines, aligning with the program's central goal of improving healthcare affordability. These centers ensure Ayushman Bharat beneficiaries have access to essential drugs at reduced costs, minimizing financial burdens. With a widespread presence in urban and rural areas, JAKs enhance Ayushman Bharat's mission of providing healthcare for all, regardless of location. Furthermore, by promoting generic drugs, JAKs support Ayushman Bharat's focus on cost-effective healthcare, optimizing resources and strengthening the program's capacity to deliver accessible and affordable healthcare, thus advancing universal health coverage in India.

However Jan Aushadhi Kendras in India have faced several challenges that need to be addressed to make them more effective under the Ayushman Bharat scheme. Firstly, there is a lack of awareness among the general public about the availability and benefits of generic medicines at these centers. Additionally, some Jan Aushadhi Kendras may face issues with the consistent supply of medicines and maintaining quality standards. To improve these centers, the government should invest in awareness campaigns to educate people about the cost-saving advantages of generic medicines. Ensuring a reliable supply chain and stringent quality control measures is crucial. One of the issues with Jan Aushadhi Kendras in India, in the context of the Ayushman Bharat scheme, is their exclusive focus on providing generic medicines. While generic medicines are cost-effective and essential for reducing healthcare expenses, some patients may require specific branded medications due to their medical conditions. To make Jan Aushadhi Kendras better aligned with the Ayushman Bharat scheme, there should be provisions for providing a limited range of essential branded medicines when necessary, alongside generics. Another significant issue with Jan Aushadhi Kendras is the variation in the availability of medicines and the limited range of medications offered. Some centers may have a more extensive stock than others, leading to inconsistencies in the availability of essential medicines. To address this issue, a comprehensive and standardized list of medicines should be maintained across all Jan Aushadhi Kendras, ensuring that patients can access a consistent range of essential medications regardless of their location. This would ensure that patients receive the most suitable treatment while still benefiting from affordable options, thus enhancing the effectiveness of these centers in delivering comprehensive healthcare services. Furthermore, expanding the network of Jan Aushadhi Kendras to reach more remote areas and simplifying the procurement process for these centers can help enhance their accessibility and effectiveness.



Objectives

The primary objectives of Ayushman Bharat are as follows:

- **Universal Health Coverage (UHC):** To achieve universal health coverage by ensuring that every Indian citizen, regardless of their economic status, has access to essential healthcare services without facing financial hardships.
- **Financial Protection:** to protect individuals and families from catastrophic health expenditures by providing cashless health insurance coverage for hospitalization expenses.
- **Strengthening Primary Health Care:** It includes the establishment and transformation of Health and Wellness Centers (HWCs) to provide comprehensive primary healthcare services. This emphasizes preventive and promotive healthcare, reducing the burden on secondary and tertiary care facilities.
- **Quality of Care:** It aims to improve the quality of healthcare services, ensuring that beneficiaries receive high-quality treatment and medical care when needed.
- **Reducing Health Inequities:** By focusing on vulnerable and underserved populations, Ayushman Bharat strives to reduce health inequities and disparities in access to healthcare services.

- **Employment Generation:** The program also has an economic dimension by generating employment opportunities, particularly in the healthcare sector, which can contribute to economic growth.
- **Technological Integration:** Ayushman Bharat seeks to integrate technology and digital health initiatives to enhance the efficiency and transparency of healthcare service delivery and management.

Role during the Covid-19 pandemic: During COVID-19, PM-JAY provided financial protection to approximately 23 million individuals, covering over 160,000 COVID-19 related hospitalizations and resulting in savings of over 1,800 crore for beneficiaries. With a vast network of over 28,350 hospitals and healthcare providers, PM-JAY benefited more than 519 million vulnerable families. The scheme established 1.2 million health and wellness centers to deliver primary healthcare services in remote areas.

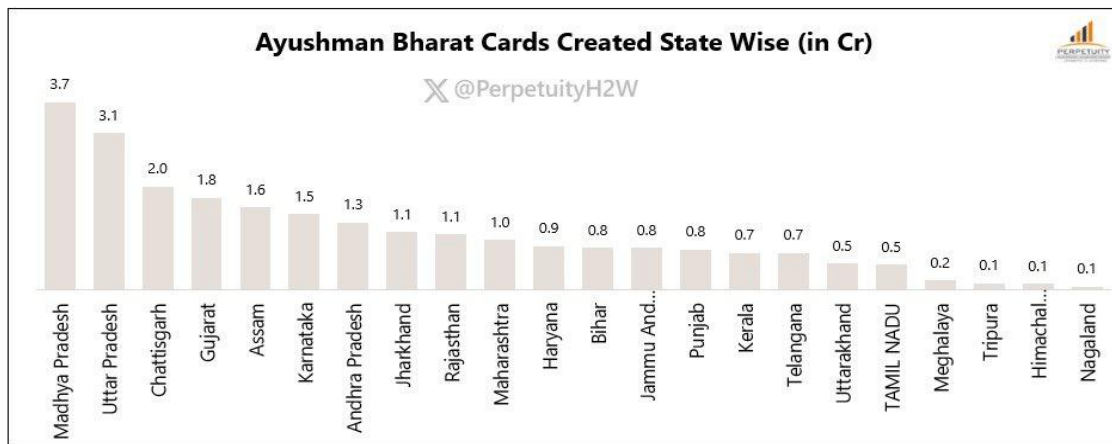
To address pandemic challenges, PM-JAY introduced COVID-19-specific packages covering testing and treatment expenses, including hospitalization costs. It also facilitated over 1.5 lakh emergency transport services through the National Ambulance Service and promoted social distancing by encouraging telemedicine services. The eSanjeevani telemedicine platform, launched by the Ministry of Health and Family Welfare, conducted more than 10 million teleconsultations as of March 2021, further enhancing healthcare access.

Achievements :

- **Coverage:** As AB-PMJAY enters its fifth year, it has provided a health cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalization to more than 15.5 crore families (or roughly 50 crore people). A 100% coverage goal has been pushed by eleven states and one UT.

Since its inception in September 2018, the Ayushman Bharat scheme has made remarkable progress, with the creation of approximately 24.8 crore Ayushman Bharat Cards as of September 11, 2023. Notably, during the fiscal year 2022-23, an impressive 37% of these cards, totaling around 9.1 crore, were generated, showcasing the program's growing impact. This milestone has been particularly significant in the states of Madhya Pradesh and Uttar Pradesh, where the highest numbers of cards, approximately 3.7 crore and 3.1 crore respectively, have been created since the scheme's launch. These statistics underscore the

scheme's effectiveness in expanding healthcare coverage and access to millions of beneficiaries, making it a noteworthy achievement in the realm of public health policy.

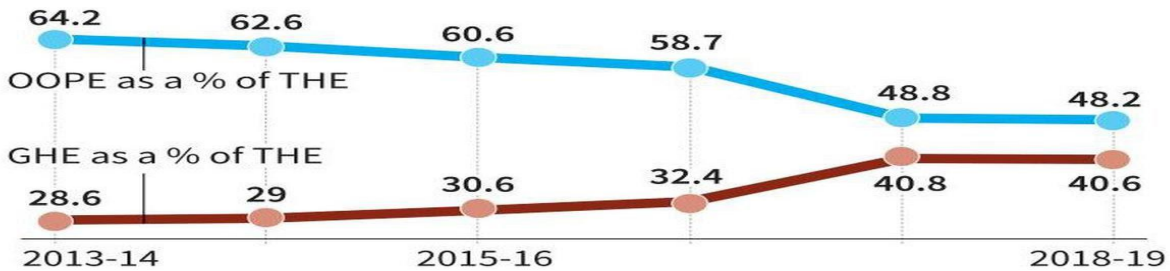


Source: PMJAY Dashboard

- **Savings:** Over the course of the last five years, the program has served more than 5.39 billion admission events, totaling Rs 66,284 crore. The overall cost of care would have been roughly twice as much if the recipients had sought the same treatment elsewhere than under AB-PMJAY's purview. The beneficiaries have saved more than Rs 1 lakh crore as a result of this.
- **Impact:** The program has boosted users' access to tertiary care by 65% while reducing their out-of-pocket expenses (OOPE) by 60%. The program has also increased the users' happiness and health-seeking behavior.

Health spending

The chart shows government health expenditure (GHE) and out-of-pocket expenditure (OOPE) as a share of total health expenditure (THE). OOPE still remains high



Source: The Hindu

- **Quality and efficiency:** By introducing standardized treatment protocols, quality certification, and performance-based incentives for the empanelled hospitals, the program has improved the quality and efficiency of healthcare delivery systems throughout the nation. The initiative has also enhanced the public hospitals' bed occupancy rate and income production.

Initiatives and innovations: The program has introduced a number of initiatives and innovations to improve the caliber and availability of healthcare services. Ayushman Bharat PM-JAY Startup Grand Challenge, Ayushman Bharat Health Infrastructure Mission, and Ayushman Bharat Digital Mission are a few of these.

For eg : Standardizing individual identification in healthcare is crucial to ensure accurate medical records and controlled access to them. The ABHA (Ayushman Bharat Health Account) Number collects essential demographic, location, family, and contact details, with a focus on easy contact information updates. This number uniquely identifies individuals, facilitates authentication, and connects their health records across various systems and stakeholders, with patient consent and because of which nearly 22 crore beneficiaries are verified under Ayushman Bharat Digital Mission.

- **Inclusive Healthcare Predefined-Packages:** Ayushman Bharat, presents a robust system with an extensive network of approximately 1,300 predefined healthcare packages. These packages are designed to comprehensively address healthcare needs by covering three fundamental aspects: evaluative, therapeutic, and rehabilitative medicine. Firstly, it encompasses evaluative components, ensuring access to vital diagnostic tools like MRIs, which play a pivotal role in early and accurate diagnosis. Secondly, Ayushman Bharat provides for therapeutic measures, encompassing the administration of medications and surgical procedures, ensuring that individuals receive the necessary medical interventions.

Lastly, the program encompasses rehabilitative medicine, focusing on restoring functional abilities to improve patients' overall quality of life. This holistic approach not only promotes accessibility to healthcare services but also enhances the quality of care, making Ayushman Bharat a crucial instrument in addressing healthcare challenges and promoting the well-being of millions of beneficiaries across India. In its first 100 days, approximately 7 lakh people availed of these benefits, underscoring the program's rapid and impactful implementation.

Comparison of India's Ayushman Bharat and Worldwide healthcare programs:

India-USA :

Through marketplaces and subsidies with income-based eligibility, Obama Care (also known as the Affordable Care Act) in the United States seeks to increase the availability of health insurance. It has a complex funding system that includes Government subsidies and premiums and has been gradually adopted since 2010. It covers a variety of healthcare services. Whereas Ayushman Bharat in India primarily targets families and individuals who are economically disadvantaged by offering financial protection, impresses with its ambition to provide insurance coverage to millions of economically vulnerable families, addressing a critical need in a country with significant healthcare disparities. This focus on financial protection is particularly commendable. In contrast, Obamacare aimed to reduce the number of uninsured Americans, but it encountered challenges, such as rising premiums for some, political polarization, and opposition. Comparatively, Ayushman Bharat's success can be partly attributed to its ability to rapidly expand healthcare access for a vast population, addressing a pressing issue. However, Ayushman Bharat also faces challenges related to infrastructure and awareness in remote areas. Obamacare, on the other hand, made strides in reducing the uninsured rate in the USA but encountered criticism for rising healthcare costs for some individuals. To illustrate, Ayushman Bharat aimed to cover approximately 500 million individuals with up to ₹5 lakh in coverage per family per year, whereas Obamacare expanded coverage to about 20 million Americans. These figures underscore the sheer scale of Ayushman Bharat's reach.

A notable distinction emerges regarding coverage for pre-existing conditions. Ayushman Bharat, the Indian initiative, extends its coverage umbrella to include pre-existing conditions, encompassing chronic illnesses like diabetes and hypertension. This proactive approach aims to provide comprehensive healthcare access and financial security to individuals already managing health challenges. In contrast, Obamacare in the USA, while significantly reducing the uninsured

rate, does not universally mandate coverage for pre-existing conditions, leading to concerns and debates over healthcare access for those with chronic ailments. This divergence in policy underscores the unique approaches these programs take in addressing healthcare needs within their respective healthcare landscapes, emphasizing the importance of context-specific policies to ensure equitable healthcare access and affordability for their populations.

Nevertheless, both programs offer valuable lessons in healthcare policy, emphasizing the need for context-specific approaches to address unique healthcare challenges.

India-UK:

The United Kingdom's National Health Service (NHS) with India's Ayushman Bharat reveals two distinct healthcare paradigms operating in vastly different contexts. The NHS, a publicly funded and universally accessible healthcare system, is celebrated for its comprehensive coverage and equity. It provides citizens with healthcare services, from primary care to specialized treatments, largely free at the point of use. However, it primarily covers pre and post-hospitalization expenses. In contrast, Ayushman Bharat, India's initiative, aims to address the challenge of healthcare access for economically disadvantaged populations. While Ayushman Bharat has made substantial progress in providing insurance coverage to millions, it operates in a more complex, multi-tiered healthcare landscape that combines public and private providers. Notably, Ayushman Bharat also includes transportation charges to and from the hospital, making it a more holistic coverage model. Comparing these systems involves considering factors such as funding models, healthcare infrastructure, population size, and socio-economic disparities. Such a comparison can yield valuable insights for healthcare policymakers globally, helping them navigate the intricacies of providing accessible and affordable healthcare services to diverse populations.

India-Cuba:

Cuba's healthcare system offers comprehensive coverage with an emphasis on government oversight and prevention. The healthcare system is highly centralized and sponsored.

On the other hand, Ayushman Bharat focuses on financial protection for particular healthcare costs in India, mainly hospitalization costs. It employs technology for efficiency and runs on public-private partnerships.

Case study of Delhi and West Bengal:

Ayushman Bharat is not implemented in West Bengal and Delhi because of policy issues, a need for more control, and cost considerations. Politico-government related disagreements also had an

impact. Both states already had healthcare programs in place that they thought were better suited to their specific requirements.

Delhi: Ayushman Bharat covers the financial side of healthcare for serious ailments, whereas Delhi's Mohalla Clinics concentrate on primary healthcare at the community level. Integrating these models could offer complete care, but to optimize their combined influence on India's healthcare system, careful planning and implementation are required.

West Bengal: West Bengal's healthcare model aims at universal coverage through state-funded initiatives like "Swasthya Sathi," emphasizing preventive care. Ayushman Bharat, a national scheme, provides targeted coverage for economically disadvantaged individuals against catastrophic expenses, with a central administration and public-private partnerships for hospital care.

Challenges :

Lack of Awareness: Potential beneficiaries of the scheme are not well informed, particularly in rural regions. A large number of eligible beneficiaries are unaware of their rights or how to use them. To raise awareness and demand, the program's outreach and communication efforts must be increased. For eg : Beneficiaries lack understanding of the rights and advantages of a well-known health insurance program from Rajasthan. The main health insurance scheme of the Government of Rajasthan, Bhamashah Swasthya Bima Yojana (BSBY), provided an annual health cover of up to 30,000 for normal illnesses and up to 3 lakh for catastrophic illnesses until it was combined with PMJAY. The program covered outpatient costs for seven days prior to and fifteen days after the hospitalization in addition to hospitalization coverage. However, according to a survey conducted by National Council of Applied Economic Research (NCAER) economic research institution 14% of those questioned about their knowledge of the BSBY scheme's coverage of outpatient costs throughout the pre- and post-hospitalization periods said they were unaware of it. Among the remaining 86 per cent of the beneficiary households, 48 percent reported that BSBY didn't cover any pre- and post-hospitalisation expenses — which was not correct.

Supply side constraints: Due to the uneven distribution and availability of healthcare infrastructure and human resources across the nation, the program is subject to a supply-side restriction. There is a dearth of accredited hospitals in many states, particularly in rural and tribal regions. The insufficient infrastructure and shortage of specialized medical professionals, notably in addressing the pressing issue of cardiovascular emergencies in rural areas, which constitute a substantial 27% of healthcare cases in India. This constraint is glaringly evident in the

under-equipped Community Health Centers (CHC) of Uttar Pradesh and other similar regions across the country, where the absence of essential support systems hinders the program's ability to effectively respond to the growing burden of cardiovascular emergencies.

Issues with Reimbursement: The scheme has trouble ensuring prompt and adequate payment of claims to accredited hospitals, particularly private ones. Numerous hospitals have voiced their concerns about payment delays, low package rates, and high denial rates and to ensure the sustainability and success of the plan, it is necessary to streamline and speed up the claim settlement procedure as well as periodically review the package rates.

Expansion to the Middle Class:

The proposed extension of Ayushman Bharat to include the middle-class segment, potentially encompassing an additional 40 crore individuals, presents a commendable effort in expanding healthcare coverage in India. However, the success of such an expansion hinges significantly on the availability of an adequate network of panel hospitals, which is currently beset by persistent issues that have yet to be effectively addressed. Among the key challenges are prolonged delays and non-payment issues, coupled with reimbursement rates that are often deemed economically viable by healthcare providers. These issues have been widely documented and reiterated, casting uncertainty on the sustainability of the program's growth. To ensure the success of Ayushman Bharat's extension and its ability to cater to the middle-class demographic, it is imperative that the government actively engages with healthcare stakeholders to address these critical concerns and establish a more stable and equitable reimbursement framework for panel hospitals. Such measures are essential to enhance the program's effectiveness and mitigate potential hurdles that could otherwise impede its broader healthcare objectives.

Fraud and Abuse: The system must contend with the problem of preventing and identifying fraud and abuse by dishonest characters who want to take advantage of the program for their own gain. A single mobile phone number (9999999999) was used to identify approximately 7.5 lakh beneficiaries, according to recent information from India's Comptroller and Auditor General. The anti-fraud systems must be strengthened, and individuals who commit fraud or other misconduct with the scheme must face harsh punishment.

Some of the issues highlighted by Comptroller and Auditor General (CAG)'s Audit Report 2023:

Treatment of Dead Patients: Patients who were previously listed as "dead" continued to get care through the program. The states with the most of these cases were Chhattisgarh, Haryana, Jharkhand and in Madhya Pradesh, according to the report, over ₹1.1 crore was paid to about 403 patients who were declared 'dead' in the database, whereas the states with the fewest of these cases were Chandigarh, Assam, and the Andaman & Nicobar Islands. Over 88,760 patients passed away while receiving the prescribed care under the Scheme. A total of 2,14,923 claims linked to new treatment for these patients were recorded in the system as paid.

Pensioners Receiving Benefits: It was discovered that pensioners in some states had PMJAY cards and were receiving care under the program. Ineligible people received payments under the PMJAY as a result of delayed steps to remove ineligible beneficiaries from the program.

Unrealistic Household Sizes: From 11 to 201 people, there have been cases where the registered households were unreasonably huge. These inconsistencies imply that inadequate validation procedures were used during the beneficiary registration process.

Recommendations and way forward:

Provisioning out Ayushman Cards: The program should strive to give each potential recipient an Ayushman Card, which serves as a prepaid card with a value of Rs. 5 lakh and may be used to receive free care at any hospital that has been granted accreditation. By doing this, beneficiary identification and verification may be faster and less of a bother.

Scope: The program should broaden its reach and scope to encompass more medical issues, treatments, and services.

The program should take into account paying for outpatient treatment, diagnostics, medications, etc., which make up a significant portion of Out-of-Pocket Expenditures on Healthcare (OOPE) for many participants.

Convergence: In order to prevent duplication, fragmentation, and confusion, the program should improve its coordination and convergence with other health schemes and programs at the federal and state levels. The plan should also encourage.

Exploring Healthcare Model Alternatives for India: India has the opportunity to consider various healthcare models in conjunction with Ayushman Bharat to enhance its healthcare system. One option is to look at the **National Health Service (NHS) model from the United Kingdom**, focusing on government-funded healthcare that is free at the point of use as explained in the above.

Additionally, India's Ayushman Bharat and **Brazil's Family Health Program** are distinct healthcare initiatives with some key differences. Ayushman Bharat is primarily an insurance-based program aimed at providing financial protection to vulnerable populations by covering their hospitalization expenses. In contrast, Brazil's Family Health Program focuses on community-based primary healthcare, emphasizing preventive care and health promotion through a network of community health workers. To learn from Brazil's program, India could adopt a more comprehensive approach by integrating community-based healthcare into Ayushman Bharat. This could involve expanding the role of Accredited Social Health Activists (ASHAs) and community health workers to provide essential healthcare services at the grassroots level, prioritizing preventive care, and creating a strong network of primary care centers. By combining the financial protection of Ayushman Bharat with the community-based healthcare model of Brazil, India can enhance healthcare access, improve health outcomes, and reduce the burden on tertiary care facilities.

The integration of telemedicine and health technology, akin to practices in countries like Israel, could extend healthcare access to remote areas. **Israel's focus on telemedicine and health technology** involves leveraging digital solutions to enhance healthcare accessibility, quality, and efficiency. To learn from Israel's approach, India could integrate telemedicine and health technology within Ayushman Bharat. This could involve creating a robust telemedicine infrastructure, encouraging the use of wearable health tech for remote monitoring, and implementing electronic health records for seamless information sharing. By combining the financial protection of Ayushman Bharat with advanced digital healthcare solutions, India can improve healthcare delivery, especially in remote and underserved areas, leading to better health outcomes for its population.

Singapore's health savings accounts, known as Medisave, emphasize personal responsibility by requiring individuals to contribute a portion of their income to a dedicated healthcare savings account. This account can be used for various healthcare expenses, including outpatient care and

preventive services. To learn from Singapore's model, India could consider introducing a similar health savings account system to promote personal responsibility for healthcare expenses. This could involve encouraging individuals to contribute a portion of their income to a dedicated healthcare fund, which can then be used for outpatient care, preventive measures, and even non-hospitalization healthcare costs. Implementing such a system alongside Ayushman Bharat could potentially reduce the financial burden on the government while empowering individuals to take more control of their healthcare expenses.

Reforms in health insurance, taking cues from Germany, could strike a balance between public and private contributions. **Germany's healthcare system** is characterized by **compulsory health insurance, where both employees and employers contribute to health insurance funds**, and individuals have the option to choose between public or private insurance providers. India could draw lessons from Germany's model. India might consider introducing compulsory health insurance contributions from both employers and employees, creating a dual-track system that allows citizens to opt for either public or private insurance. This approach would expand healthcare coverage, reduce the burden on the public system, and foster competition between providers to improve service quality and efficiency. Learning from Germany's experience in healthcare financing could aid India in achieving a more balanced and comprehensive healthcare system.

Disease-specific programs, as seen in Thailand, could yield better outcomes. **Thailand's "30 Baht Scheme,"** focuses on addressing specific health conditions, often providing subsidized or free treatment for certain diseases like HIV/AIDS or tuberculosis. To learn from Thailand's approach, India could consider implementing targeted disease-specific programs alongside Ayushman Bharat to address the unique healthcare challenges posed by prevalent diseases within its population. This could involve creating specialized disease modules within Ayushman Bharat, each dedicated to addressing a specific prevalent health condition. These modules should include funding allocations, healthcare infrastructure, and trained personnel specifically tailored to manage the targeted diseases. This would enable India to allocate resources more efficiently, prioritize high-impact interventions, and ensure that critical healthcare needs are met effectively.

Models like **Ghana's, offering universal health coverage** with a particular emphasis on essential services that encompass preventive care, outpatient services, and primary healthcare. India could consider expanding the coverage of essential healthcare services within Ayushman Bharat to include a broader spectrum of preventive, outpatient, and primary care services. By aligning with Ghana's emphasis on essential services, India can move closer to achieving universal health coverage and improving healthcare access for all its citizens.

Prioritizing patient-centered care, similar to the **Patient-Centered Medical Home concept in the United States**, could improve the patient experience. This concept emphasizes comprehensive, coordinated, and patient-centric primary care. To implement this approach, India could consider establishing and strengthening primary care centers that act as "medical homes" for patients. These centers should offer holistic care, including preventive services, chronic disease management, and health promotion, with an emphasis on patient engagement and care coordination. Training healthcare professionals in patient-centered care principles and leveraging digital health technologies for better patient management and communication can further enhance the patient experience.

Lastly, India can explore integrated care systems like **Spain's health regions**, facilitating seamless coordination among healthcare providers to deliver comprehensive and integrated care. India could consider developing regional healthcare systems that promote collaboration among hospitals, primary care centers, and community health workers. This would entail establishing strong communication channels, electronic health record systems, and care pathways to ensure a patient's journey through various healthcare providers is well-coordinated. These models offer valuable insights for enhancing India's healthcare landscape while building on the foundation laid by Ayushman Bharat.

Upcoming Modicare Project: The prospective launch of the Modicare Project by the Indian government in 2023 holds significant promise for bolstering the positive impact of Ayushman Bharat. This ambitious endeavor, with its focus on comprehensive health coverage for all citizens, aligns seamlessly with the broader goals of Ayushman Bharat. Modicare, an expansion of the existing Ayushman Bharat program, is poised to further enhance the accessibility and affordability of healthcare services across the country. By extending coverage and benefits, Modicare could significantly reduce the financial burden on vulnerable populations, offering them a more robust safety net against medical expenses. This dual-pronged approach, with Ayushman Bharat's groundwork and Modicare's expansion, has the potential to create a holistic and inclusive healthcare ecosystem in India, ultimately contributing to improved health outcomes and greater socio-economic well-being for its citizens. Such a partnership between these two initiatives underscores the government's commitment to addressing the healthcare needs of its diverse population and signifies a promising stride toward achieving the goal of Universal Health Coverage (UHC) in India.

Enhancing Ayushman Bharat through HTA and UHC Alignment: It is recommended that realigning Health Technology Assessment (HTA) with the goals of Universal Health Coverage (UHC) should be actively pursued, as this alignment has the potential to significantly benefit the Ayushman Bharat program. By integrating HTA into the decision-making processes of Ayushman Bharat, policymakers can ensure that healthcare resources are allocated effectively, treatments are cost-efficient, and clinical guidelines are evidence-based. This realignment should also focus on addressing healthcare disparities, promoting equitable access, and enhancing the overall quality of care within the program. Such strategic integration of HTA and UHC objectives will contribute to the program's success in achieving its mission of providing comprehensive healthcare coverage to all in India.

Incentivizing Health-Seeking Behavior in Ayushman Bharat: A precise recommendation for enhancing health equity in India, particularly within the Ayushman Bharat framework, is to incentivize proactive health-seeking behavior. This involves introducing mandatory health insurance for universal coverage, expanding health insurance premium exemptions, increasing tax benefits for preventive health check-ups, and extending the Pradhan Mantri National Dialysis Program to all districts. These financial measures, coupled with improved clarity in existing healthcare programs and distribution system reforms, can address health care access disparities. This unconventional proposal, akin to reservation policies for social equality, has the potential to bridge India's healthcare divide. Success hinges on designing a clear modality and identifying genuine beneficiaries based on their health-seeking actions.

Conclusion

The Ayushman Bharat program is an important step towards increasing India's healthcare affordability and accessibility. However, as we proceed, there are a few important areas that have been brought to light by our investigation. Policymakers must concentrate on raising awareness and outreach, maximizing money usage, and bolstering the healthcare infrastructure if they want the program to continue to be successful. It is also crucial to make use of technology for effective data management and monitoring. Ayushman Bharat will only succeed if the government, healthcare providers, and communities work together, which will ultimately improve healthcare outcomes for all.

Early, collaborative efforts in launching PM-JAY led to its immediate success, expanding healthcare access in India. State-level involvement from 2018 to 2020 was crucial. PM-JAY advances Universal

Health Coverage, with potential global impact. NHA creation aligns with global standards. Establishing a global knowledge repository can further PM-JAY's impact on healthcare in India.

India has been given a huge window of opportunity to significantly change the direction of healthcare service delivery in India and alleviate the daily health burden that millions of Indians bear with the last two years between 2018 and 2020.

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