The Effects Of The Ayushman Bharat Yojana Scheme On Healthcare Conditions In Rural India

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Abstract

In recent years, the lack of available healthcare for the poorer sections of Indian society has come to the world's attention. To combat this, the Indian government launched The Ayushman Bharat Yojana Scheme. Its aim is to make healthcare more accessible for all and provide universal health coverage. The goal of this investigation is to explore the impacts of this initiative since its launch in 2018 through the research question: **How has the Ayushman Bharat Yojana Scheme impacted healthcare conditions in rural India since 2018?** This was explored by comparing available medical facilities before and after the scheme was launched, as well as the number of hospitals empanelled and the number of e-cards availed. Most evidence was gathered using secondary sources like official Indian government websites and *LiveMint*. Such statistics were analysed and further interpreted to assess the impact and efficiency of the government program. The conclusion reached is that there have been significant efforts to administer hospitals and treatments. Considerable progress has been made in terms of e-cards issued and value treatments. However, there is still a gap in the number of empanelled hospitals and the number of active ones. This indicates an inefficient use of resources, which should be addressed.

Key Words: Healthcare; India; Government

Introduction

Healthcare has always been a necessity but with the recent pandemic, and the toll it has taken, it has become critical. For most of the Indian population, however, it still remains largely inaccessible. Due to the high costs and out-of-pocket expenditures associated with healthcare, those living in poverty often cannot afford such services. In fact, the large costs of medical assistance push "nearly 6 crore Indians into poverty every year" (Government of India, 2018). This is the case in many countries around the world, thus the United Nations established Sustainable Development Goal 3: Good Health and Wellbeing – ensure healthy lives and promote well-being at all ages (United Nations, 2015).

To achieve "SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all" (Government of India, 2018), the Indian government launched the Ayushman Bharat Yojana Scheme in 2018. Its vision is to achieve universal health coverage and provide "need-based health care service" (Government of India, 2018). The initiative provides a range of facilities and resources, and is divided into 2 parts: Health and wellness centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY).

The HWCs were initiated in February 2018. The government announced its goal of establishing 150,000 HWCs by converting "existing Sub Centres and Primary Health Centres" (Government of India, 2018). These facilities include varying amenities, such as maternal and child health services, and non-communicable diseases. They also provide free essential drugs and diagnostic services.

The PM-JAY was launched on September 23, 2018, by current Indian Prime Minister Narendra Modi. It is the "largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family" (Government of India, 2018). The program involves both secondary and tertiary hospital care and covers more than 10.74 crore vulnerable households, which amounts to approximately 50 crore beneficiaries. The families

that are included in this initiative are based on the Socio-Economic Caste Census conducted in 2011 – specifically, on the deprivation and occupational criteria of the same.

All funds are from the Indian government, and the initiative allows beneficiaries to access the healthcare services in a cashless manner. Unlike many other medical schemes, it covers pre-existing conditions and covers "up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines" (Government of India, 2018). The services also involve approximately 1,393 procedures and treatment costs, which include "drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc." (Government of India, 2018). Accommodation and food services are also covered.

Unlike its predecessor, RSBY (Rashtriya Swasthya Bima Yojana), which had a cap on 5 members per household, the PM-JAY has no restrictions on the gender, age, or family size. The initiative has been in action for over 2 years, and this investigation will examine the effect that the scheme has created through the following research question: **How has the Ayushman Bharat Yojana Scheme impacted healthcare conditions in rural India since 2018?**

Impacts on Healthcare Conditions

Since its launch in September 2018, the PM-JAY has reached several milestones which highlight the vast impacts it has made on Indian healthcare. On December 11 2018, it reached the mark of 5 lakh beneficiaries who availed treatments through this government scheme. In January 2019, the National Health Authority, NHA, was formed. This is a government body "responsible for implementing India's flagship public health insurance/assurance scheme" (National Health Authority, 2018) the Ayushman Bharat Yojana Scheme. Its formation has assisted in implementing and organising the program.

On January 24 2019, 91 railway hospitals were enrolled, expanding the initiative's reach. This was furthered by the milestone of 20 lakh beneficiaries availing treatments on April 11, 2019. This number increased to 30 lakh in June 2019 and 1 crore in May 2020. The

number of E-cards issued also drastically increased, from 10.39 crore as of September 23, 2019, to 11.4 crore on November 25, 2019, and 12.55 crore on August 10, 2020. Similarly, hospital admissions rose from 46.62 lakh in September 2019, to 62.57 lakh in November 2019, further to 1.09 crore in August 2020. Lastly, the number of hospitals empanelled increased significantly from 18,236 in September 2019, 20,908 in November 2019, and 22,796 in August 2020. Such numbers show that despite the limitations due to COVID-19, the scheme is being implemented regularly and India's poor population is making use of the available facilities. But, when compared to the number of people who live in poverty, which is about 364 million, in this nation, it is clear that much progress is yet to be made.

Furthermore, as of July 2, 2021, a total of 1,89,80,903 hospital admissions had been administered through the PM-JAY scheme, and 16,06,90,948 Ayushman Cards had been issued. As of September 6, 2020, 32 states and Union Territories were implementing the scheme, and 64 lakh calls had been answered by the NHA Call Centre. These were a few of the significant improvements that had been made compared to in 2019. Table 1 illustrates more of these achievements, including the number of E-Cards issued, hospital treatments, hospitals empanelled, and PM-JAY app installations. Though this demonstrates significant success, it must be considered that a large chunk of the poor do not have regular and stable access to mobile phones and the internet - so, authorities must find ways to reach out to them too, especially under COVID restrictions. Door-to-door drives, similar to the ones being conducted for COVID vaccinations, could be implemented.

Table 1: *Changes in Healthcare-Related Parameters in States from 2015-16 to 2019-20*

Sources: https://pmjay.gov.in/sites/default/files/2020-10/Annual-Report-Final_1.pdf

https://pmjay.gov.in/sites/default/files/2019-09/Annual%20Report%20-%20PMJAY%20small%20version_1.pdf

Parameter	**As of September 22, 2019**	**As of September 6, 2020**
Number of States and Union Territories Implementing the Scheme	32	32
E-Cards Issued	10.3 crore	12.55 crore

Hospital Treatments	46.5 lakh	1.2 crore
Value Treatments Provided	Rs. 7,490 crore	Rs. 15,579 crore
Hospitals Empanelled	18,236	23,311
Portability Cases	42,725	1,25,454
Calls Answered by the NHA Call Centre	45 lakh	64 lakh
Users on mera.pmjay.gov.in	1.5 crore	2 crore
PM-JAY app installations	3.8 lakh	20 lakh

There were noteworthy differences in healthcare situations that were visible between states that adopted the PM-JAY scheme and those that did not. As seen in Table 2, health insurance increased by 54% in states with PM-JAY, but decreased by 10% in those that did not use the scheme. Infant mortality decreased by 12% and the under-5 mortality rate decreased by 14% in states without PM-JAY, but reduced by 20% and 19% respectively in states that did implement PM-JAY. This makes it clear that the government scheme has in fact improved medical conditions across the country. The improvements could be attributed both to the more widespread availability and improved quality of resources now accessible.

Table 2: *Changes in Healthcare-Related Parameters in States from 2015-16 to 2019-20*

Source:
https://www.livemint.com/budget/economic-survey/ayushman-bharat-showed-positive-impact-on-health-outcomes-eco-survey-2021-11611931050317.html

Parameter	**States that Adopted PM-JAY**	**States that did not Adopt PM-Jay**
Health Insurance	Increased by 54%	Decreased by 10%
Infant Mortality Rates	Decreased by 20%	Decreased by 12%
Under-5 Mortality Rate	Decreased by 19%	Decreased by 14%

However, the PM-JAY 2020 Lessons Learned document does highlight certain obstacles that have hindered the initiative's efficiency and quality. Firstly, non-compliance with the mandated quality standards led to low volumes of certified hospitals that were enrolled under the scheme. Hospitals are required to follow specific quality standards with regard to health and equipment. But, many institutions did not align with these guidelines, thus reducing the number of hospitals available to the general public. This impacted the

government's aim to provide universal coverage. Secondly, many PSU (Public Sector Undertakings) were not covered, including Railways and Coal India. NHCPs and Multi Super-speciality Private hospitals also were not enlisted, restricting the scope of the implementation. To overcome this, the authorities recommended "rigorously implementing PM-JAY quality certifications across all States" (National Health Authority, 2018), along with "regional workshops with QCI (Quality Council of India) for dissemination of quality standards" (National Health Authority, 2018). Doing so will help increase the number of qualified hospitals enrolled in PM-JAY, thus allowing it to further its impact. This will also be done by spreading awareness about quality standards and requirements in empanelled hospitals.

Activity during COVID-19 Lockdowns

Though PM-JAY has regularly been in action even during the pandemic, COVID-19 certainly had a drastic effect on the empanelled hospitals' activity. As of May 23 2020, there were 21,573 hospitals enrolled under PM-JAY, 56% of which were public and 44% were private (National Health Authority, 2020).

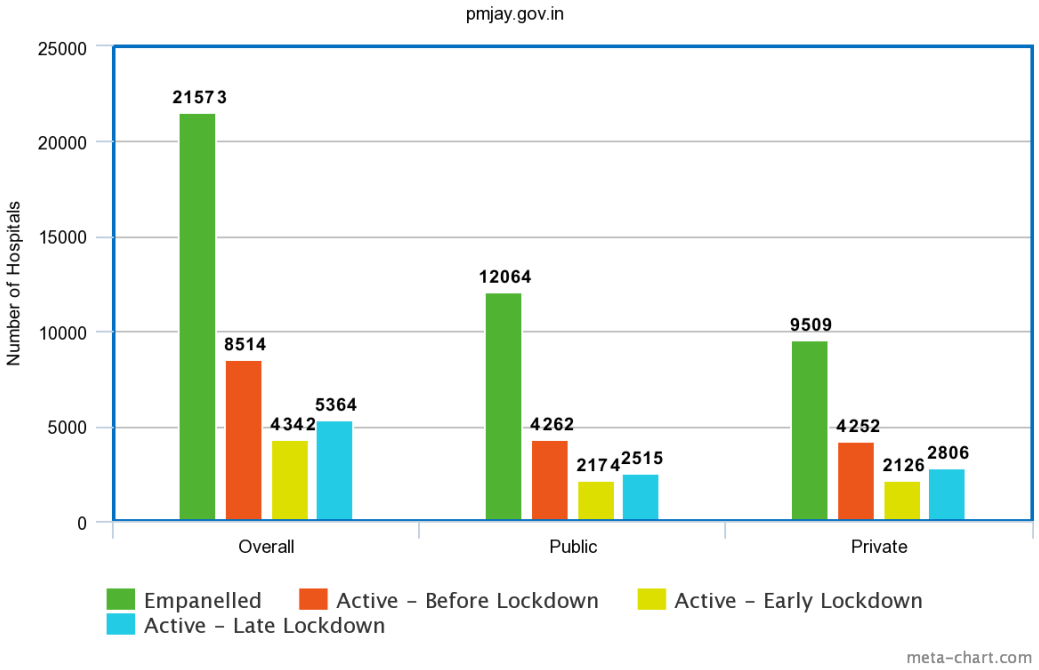
Table 3: *Hospital Activity during COVID-19 Lockdowns*

Source: https://pmjay.gov.in/sites/default/files/2020-10/Assessing_Impact_of_COVID-19_on_PMJAY.pdf

	Public	**Private**	**Overall**
Empanelled	12,064	9,509	21,573
Active (Before Lockdown)	4,262	4,252	8,514
Active (Early Lockdown)	2,174	2,126	4,342
% Active (Early Lockdown)	51%	50%	51%
Active (Late Lockdown)	2,515	2,806	5,364
% Active (Late Lockdown)	59%	66%	63%

As seen in Table 3, the number of hospitals that were active during the early COVID-19 lockdown (March 30-April 12, 2020) was approximately half of those that were active before the lockdown (March 2-15, 2020). This number increased slightly during the late lockdown (May 4-17, 2020), but still did not reach full efficiency. In fact, even the number of active hospitals before lockdown was not optimal – approximately only 35% of all public hospitals were running, and 45% of the private ones. The information is summarized in Figure 1 below. This indicates some lack of communication, resources, and proficiency, casting doubt on how well the government's resources are being utilized. It also highlights how PM-JAY could, if working at full capacity, reach a much larger audience and help combat India's issue of limited healthcare infrastructure.

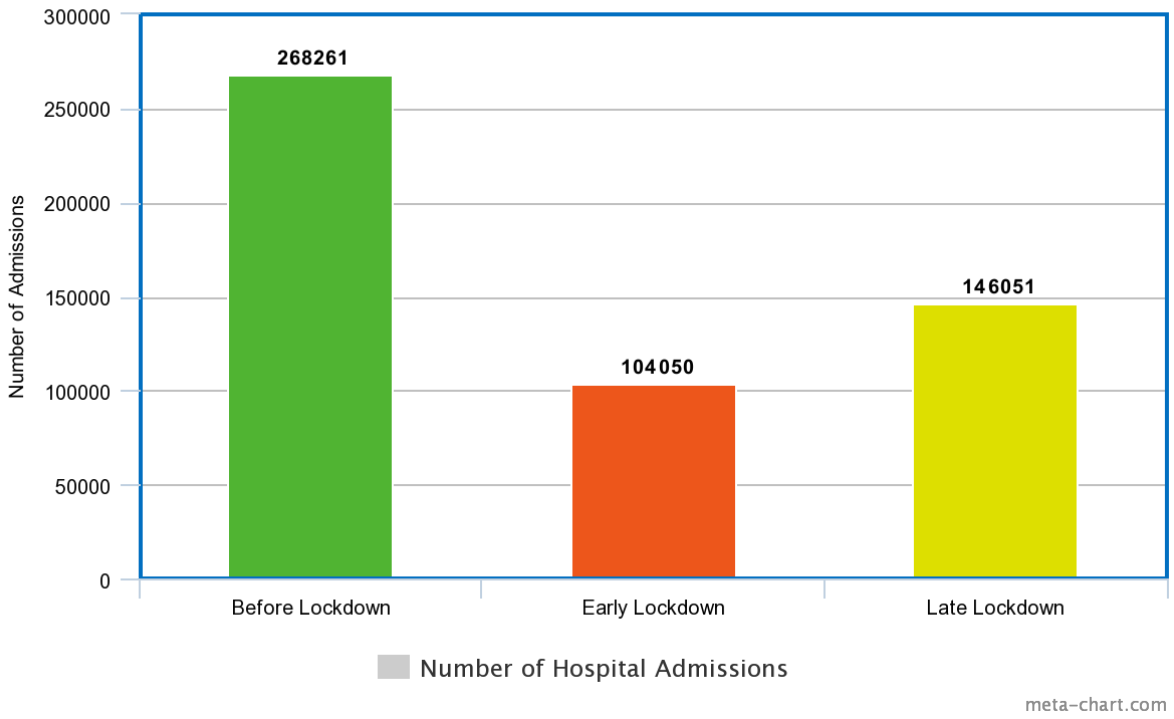
Figure 1: Hospital Activity During COVID-19 Lockdowns



The decrease in the percentage of active hospitals has varied across states, but has been considerable in Uttar Pradesh, where only 30% of the hospitals were operating. In Bihar, the figure was 32%, 50% in Karnataka, and 52% in Tamil Nadu. The figures showcase the extent to which the government hospitals were impacted by the COVID-19 lockdowns, as well as the potential they have to benefit the society.

Hospital admissions also decreased significantly due to the pandemic. Figure 2 displays the changes – the daily average was at 2,68,261 admissions before the restrictions. It decreased by 61% to 1,04,050 during the early lockdown, and rose by a small amount to 1,46,051 during the late lockdown. This could be a factor attributing to the reduced number of hospitals functioning during the lockdown.

Figure 2: Hospital Admissions during COVID-19 Lockdowns



Conclusion

In conclusion, the Ayushman Bharat Yojana Scheme has successfully empanelled certified hospitals that provide quality healthcare to poorer sections of Indian society. This is visible by comparing the figures regarding the number of hospitals empanelled and treatments carried out in the past years. Nevertheless, there are significant gaps between the number of empanelled hospitals and those which are actually active. This indicates a poor use of resources which indicates an inefficient model. Reasons for this gap can be investigated in order to improve the situation and increase PM-JAY's impact.

Overall, though this investigation used credible sources for its information, the scope was limited to secondary sources since primary sources are unavailable due to COVID-19 restrictions. This is a limitation of the investigation, as primary sources often bring new insights. Moreover, the scheme has only been implemented for 3 years as of the date of publishing, which is not a time period long enough to determine the impacts of such an immense program.

The scope of the investigation can be extended by focusing on the impact of the PM-JAY on a particular state or rural area. This would allow for a more focused exploration. Additionally, the impacts of the initiative on the medical equipment industry can be examined.

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