



# **Ayushman Bharat: An Ethical Analysis of the World's Biggest Health Scheme**

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## **Authors' contributions**

*This work was carried out in collaboration between both authors. Author RKB designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. Authors BBP and RKB managed the analyses of the study. Author BBP managed the literature searches. Both authors read and approved the final manuscript.*

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## **ABSTRACT**

An affordable health scheme has been always required by the Indian people. Even after passing 74 years of Indian independence, quality healthcare has not been accessible to the Indian people. The data have shown out of the vast population of India only 25 percent of people are insured under the private and government insurance scheme. To overcome this problem Indian government has launched the Ayushman Bharat scheme on 25 December 2018 on the occasion of the birth anniversary of Pt. Deen Dayal Upadhyaya. The Ayushman Bharat is the Hindi translation of "India blessed with long life". This scheme is the biggest health care scheme in the world which covers the huge population of India and the covered population under this scheme is more than 100 million. The scheme has categories into the primary, secondary, and tertiary care domain to address the health-related problems of the people and the most important and fascinating feature

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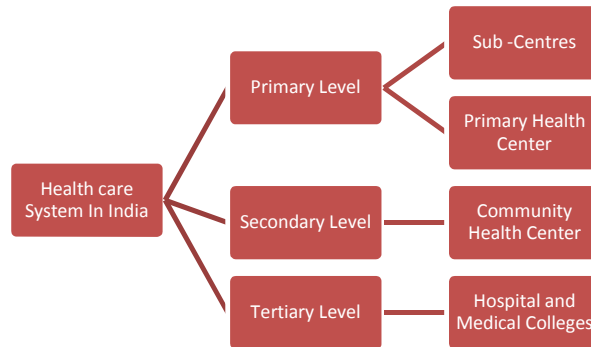
of the scheme is that a beneficiary avails the facilities in government hospital along with private hospitals. The present study reviews different aspects of the scheme in relevance to the health sector to provide better perspective towards Indian health care systems.

**Keywords:** Ayushman bharat; Pradhanmantri Jan Arogyayojana (PMJAY); health insurance; India; universal health coverage.

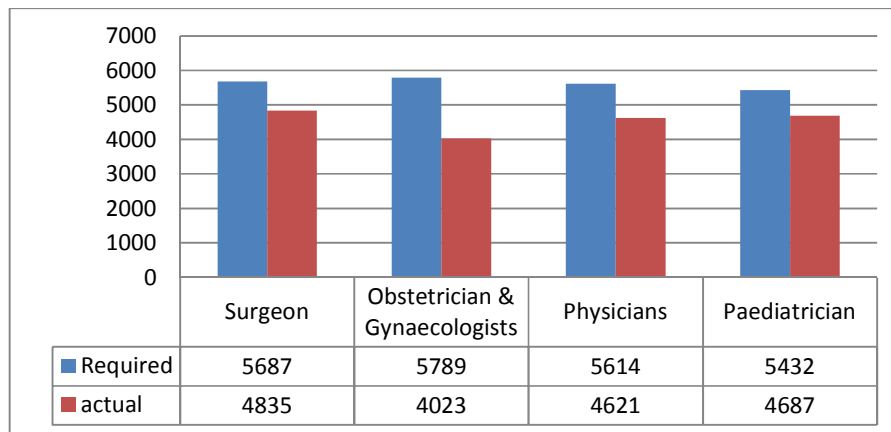
### 1. INTRODUCTION

India is a big country with a huge size population and a good health system is a necessity of the Indian people that is affordable and easily accessible. Till now, health infrastructure in India is good but not accessible to all people because of the weak planning to accommodate all the people irrespective of their income and social status. A significant part of the population lives in the rural area where health care facilities are not so good and people have to move towards the cities to avail the modern medical treatment or even rural people sometimes have not been able to avail the basic treatment for the critical disease [1].

The whole health care system has been divided into three levels as shown in Fig. 1. The primary level of the health care system comprises the small governmental clinics which aim to cover small locality and provide treatment for most of the common diseases. The secondary levels of health care comprise the community center and the third level of the system includes the big hospitals and medical hospitals [2]. The other problem with the Indian health care system is the shortfall of the medical practitioner as shown in Fig. 2. The Indian people have a different level of earning and eventually their earning decided their social and living standard. Their accessibility to the medical facilities and good



**Fig. 1. Classification of health care system in India**



**Fig. 2. Shortfall of the medical practitioner in different field of medical science**

medical practitioners also depends upon their band of earnings [3].

The health care system in India has a vast network but in absence of a string and inclusive framework, all people are not able to get good medical facilities (Fig. 2). There is always needed an insurance system that can be facilitated all people for their medical expenses and provide them a good infrastructure to the accessibility of the medical facilities. The expenses of the public health system have been taking by the tax collection and facilitate by the budgetary system of the state. While the private health care system depends upon the pocket expenses of the patients themselves [4]. Apart from this state and central government also run individually a health scheme for their employees. The central government facilitates their employee through the Central Government Health Scheme (CGHS) and this mainly depends upon the tax revenue. In the same way state government-run the Employees State Insurance Scheme (ESIC), which runs on the tri-partite contribution as the fixed part of revenue have been contributed by the employer, employee, and the state government.

Given the availability of public health care, the private health sector provides a large part of the

health care sector (about 71 percent) [5]. Data from the National Sample Survey Organization (NSSO) performed revelations that in private sector hospitals, approximately 75% of hospitalizations in urban regions and 65% in rural regions occur. This contributes to significant out-of-pocket expenditures [6]. The major reason for catastrophic expenditures and reforms in many households in India is out-of-pocket health care spending. At around 1.4 percent of GDP (Gross Domestic Product), public spending on the health sector is quite low. This, combined with rising private-sector health care costs, has rendered specialty health sector inaccessible for more than 35% of the Indian inhabitants living under the poverty criteria [7].

Some initiatives have been taking from 2005 to improve the health status of the people and National Rural Health Mission has been launched by the central government to address the medical-related problems of the people living in the rural area (Fig. 3.). Many initiatives have been taken under this scheme such as the development of the infrastructure, availability of the equipment, and medicine in addition to the basic vaccines apart from the strengthened the human resources [8]. In this mission emphasis is given on infant mortality, maternal health, child

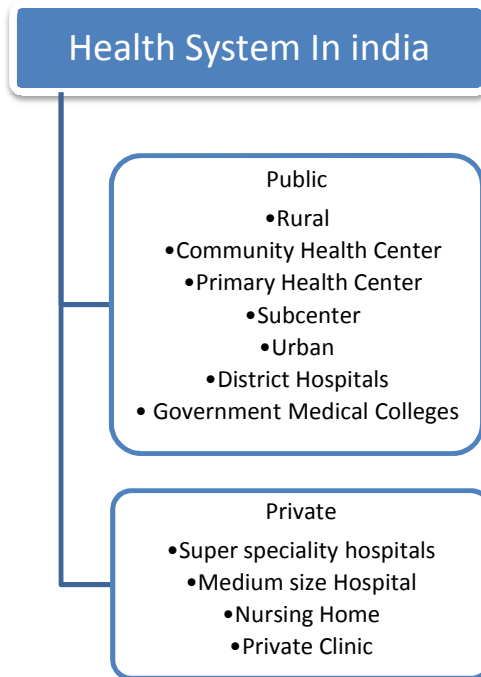


Fig. 3. Classification of the health care in rural and urban area

immunization, improvement of the nutritional level, and make the people aware of hygiene. The results of the scheme were very encouraging and various health indicators improved in the rural area. Nevertheless, health concern costs related to secondary as well as tertiary health care sustained to remain high and poverty continued to remain inaccessible to many parts of society due to physical condition spending for complex life-saving treatments [9].

Restricted access, inadequate access, most favorable or uncertain quality of wellbeing services as well as high pocket spending is some of India's main health problems. In addition to a worldwide dialogue to attain universal health coverage, these challenges exist in increasing admission to quality services at reasonable rates for all; and in an era of rapid economic expansion in India. While Health Polic is completely aligned with worldwide debate, health is regularly not measured on political agendas and has historically been underfunded outside policy discourses [10]. The inadequate combination of inputs leads to a failure to provide the preferred health care as well as people are massively underused by the public health system.

The High-Level Expert Group (HLEG) on Universal Health reporting in 2010 issued planned recommendations to meet the uncovered communities and make worldwide Health reporting probable by increasing involvement with constricted private facilities in a public-private model of partnership in health provision [11]. In 2017, the National Health Strategy was updated, leading to three significant policy changes in the strategic procurement of services from the private health sector to UHC (Universal Health Coverage), shifting from limited primary health care to universal provision of primary health concern in health as well as a wellness center, and maintaining free medications, and emergency services instead of charging higher fees. In the same context, the finance minister of the Indian government has announced the Ayushman Bharat in his budgetary speech in 2018.

## 2. RELEVANCE IN HEALTH SECTOR

Lahariya, Chandrakanthas published a paper on the 'Ayushman Bharat' agenda in India and studied that India's initiative for the national health policy is fully associated with the guideline of the nationwide health coverage. Under the national health protection scheme, Ayushman

Bharat launched to facilitate the people in the health sector. The primary benefit of the scheme is to cover the patient with Rs5 lacs financial assistance. The scheme has covered the wellness and medical facilities apart from cover the targeted people under the National Health Protection scheme as well for providing better primary, secondary, and tertiary health care. The people can avail of affordable and easily access medical facilities. The new agenda has attracted unparalleled public and media concentration and is credited to a higher agenda for health. This analysis paper analyses and offers critical reflections, recommendations, and ways forward to incorporate the Ayushman Bharat program rapidly and efficiently [9].

Vijayaprasad Gopichandran has studied that over the years in which usage is expected to increase; there is a lack of clarification on the budgetary requirements. In its current form, the Ayushman Bharat scheme expands the private health sector for a benefit, requiring a greater focus on controlling it. The structure, which has elements of primary, secondary, or tertiary care, puts a strong focus on tertiary and secondary display aggressive and calls for increased investment in healthcare services as a whole. The potential ethical burdens of the program are the possible problems of revenue supplier-induced competition and unethical activities by private providers. Universal provision of comprehensive healthcare services should first be discussed and eventually extended to medical benefits for Ayushman Bharat to adhere to the moral concept of justice. To avoid exploitation, the scheme also included provisions to strictly regulate hospitalization in the private sector for healthcare services [12].

Saxena et.al studied the research examines the relationship between obstacles that lead to patient dissatisfaction, overcharging for medical treatment, and high severity of disease among beneficiaries. The study uses records of RSBY (Rashtriya Swasthya Bima Yojana) insurance claims backed by the Chhattisgarh, India, and state post-hospitalization survey. To define causality and configuration of parameters leading to the result, it uses a fuzzy set of qualitative comparative analysis. The availability of medication is a required condition for the satisfaction of patients. For policymakers and implementers, the findings suggest identifying the segment that remains insecure under the scheme and gaining insights into the patient satisfaction parameters [1].

### 3. AYUSHMAN BHARAT NATIONAL HEALTH PROTECTION MISSION

In the budget session of 2018-19, the finance minister has announced in the parliament of India about an umbrella scheme of the Indian government for the health care sector and this scheme was going to affect 10 crore, people, directly and up to 50 crore people indirectly (Fig. 5.) [13]. This flagship scheme of the Indian government was the Ayushman Bharat that has the literal meaning is long life India. This is the first National health protection scheme of its kind all over the world by any government to facilitate the citizen of the country. Under the scheme up to 10 crore people directly benefitted belong to the poor and vulnerable section of the society along with providing financial assistance of up to 5 lacs in the year for the treatment in secondary as well as tertiary level facilities of medical treatment (Fig. 4) [14].

Additionally, the schemes also have the provision to open the 1.5 lacs health center as the primary level of medical facilities, and Rs 1200 crores has dedicated to the facilities [15]. The scheme has been formerly inaugurated by the Indian prime minister in Ranchi, Jharkhand as Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY). The main target of the PM-JAY is to provide better medical and related facilities to the poorest of the poor apart from the underprivileged [16]. The PM-JAY also ensures the 5 lacs assistance to each family each year

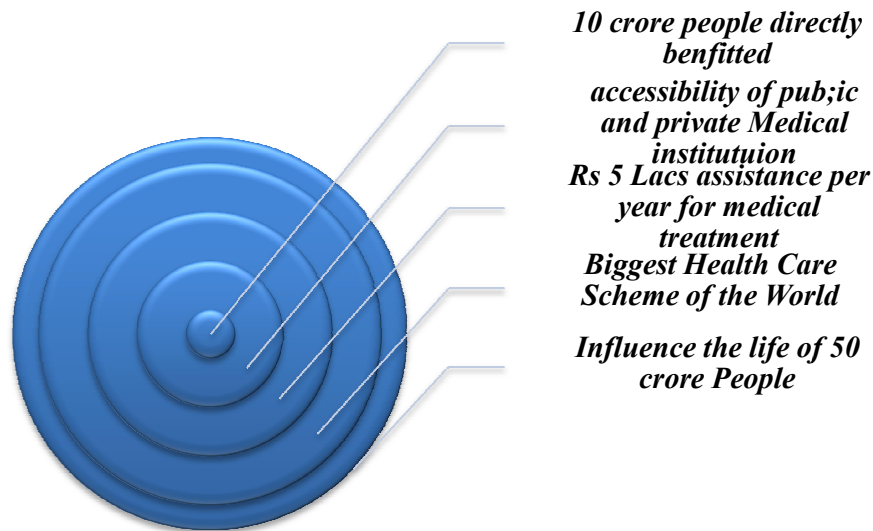
which has been falling under the guideline of this ambitious scheme and will be benefitted upto 50 crore people of different Indian states. The cost of the system will be jointly borne by the central as well as state governments in 60:40 ratios [17]. The benefits given to the people in the Ayushman Bharat PMJAY have been shown in Fig. 5.

Furthermore, Ayushman Bharat's official website states that the introduction of the scheme for the poor and vulnerable sections of the country aims to ensure that the population has universal admission to quality health services devoid of the financial hardship of anyone as a result. In other words, the purpose of the system is to increase admittance to health care and medicine, in particular, to meet the population's unmet needs, which have remained secret because of the lack of financial resources. Therefore, this would lead to prompt care and improvement of health outcomes, thus improving quality and productivity. The union budget also stated that the scheme would lead to substantial job creation in the health sector, particularly for women [18].

However, it must be noted that the Ayushman Bharat National Health Security Scheme is not intended for the entire population, but for the selection of 10.74 crore families or approximately 50 crore population according to the poor and vulnerable sectors, based on the parameters derived from the latest Socio-Economic Caste Census.



Fig. 4. Benefits of the health reforms in India



**Fig. 5. Benefit was given to the people in PM JAY**

About 40 percent of the Indian population is made up of 10.74 crore families [19]. Especially when the government needs to protect the "poor and vulnerable" portions of the society, we can treat the lower 40% of the population in terms of monthly per capita consumption expenditure (which is a well-accepted indicator of economic status or standard of living) of the NSS specimen as the possible target of representative democracy for Ayushman Bharat for analysis.

Based on the National Survey Sample (NSS) results, it shows the insurance coverage scenario of the bottom 45% of the inhabitants [20]. The figure indicates that the government insurance coverage of the bottom 45% of the population is lower than that of the entire population. In India, for example, 16.3% of the population is covered by government insurance schemes, while the figure for the bottom 40 percent is 12.8 percent. This implies that compared to the bottom 40%, the upper 60% of the population have better insurance coverage. Concerning coverage for the bottom 40% of the population, there is the considerable inter-state difference, with states such as Andhra Pradesh, Telangana, Kerala covering a significant proportion of the bottom 40%, while other states such as UP, Bihar, Assam are lagging.

#### **4. CONCLUSION**

The Ayushman Bharat is a pan India scheme of the Indian government under the Universal

Health plan. India is a developing country and also fighting with the undesired growth of the population along with other many challenges that need to be tackled in order to provide a better life to the people of India. The challenges have been faced by the government are the health, education, employment, affordable housing, gender equality and many other. In order to provide a long term solution of these issues, a sustainable development approach is needed and Indian government have been doing on the same concept of the sustainable solution. The PM- JAY is a scheme under the Ayushman Bharat that is capable to provide a better health plan to the people of India irrespective to their socio economic status and poorest of the poor can be afford a better medical facilities under the scheme. Therefore, Ayushman Bharat is addressing the biggest ethical issues in the medical field by making everyone reachable to the better and advance medical facilities and treatment.

#### **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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