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AN EVALUATION OF STATE – WISE IMPLEMENTATION OF AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA IN INDIA

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ABSTRACT
'Health for all' is the fundamental notion of a progressive nation. It assumes accessible healthcare facilities for all residents regardless of their socio- economic differences. Good health and well-being of human beings aim to achieve sustainable development goals (SDGs) through Universal Health Coverage (UHC). Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is a flagship initiative of government of India targets to achieve universal health coverage for lower income groups and vulnerable classes of population that are 40% of total population. This scheme is implemented in all states and union territories except for Odisha, West Bengal and the National Capital Territory (NCT) of Delhi. This research paper attempts to analyse state wise implementation through Ayushman card created, hospitals empanelment and authorised hospital admissions etc. For this purpose, we are using secondary data from government websites, articles and reports. The results show that the implementation of Ayushman Bharat has been uneven across India's diverse states and union territories. Responding factors for this diverse status are mainly state level governance and implementation procedures. This will provide valuable insight in utilization and adoptability of scheme across states and Union Territories.

KEYWORDS: *Universal health coverage, Ayushman Bharat PM- JAY, SDGs, India*

INTRODUCTION
Health is a universal right of human being. It is the wealth for a person as well as for nations to achieve sustained growth and development. Health symbolises, "A state of full physical, emotional, and social well-being of the person, not merely the absence of disease or infirmity," according to the 1948 report by World Health Organization (WHO). Universal health coverage should be provided for diagnosis, curative and preventive measures so that a healthy community can emerge. Healthy residents enhance accomplishments and performance of community to take progressive and robust steps towards social and economic excellence. As it is well known that a nation's prosperity is not just determined by its wealth and physical amenities but its people's health and living standard, social and economic integrity. Hence it proves that "Health is Wealth". There is anomaly that most advanced countries are far away from best performers in SDGs index although small nations like Finland and Sweden top the list.

Adversity effects health negatively that requires more financial resources and assistance from government. Government has the prime responsibility to take necessary actions to avail healthcare facilities to common man. Government of India is dedicated towards health and wellness of population and continuously has taken remarkable initiatives to uptake health standard of nation. It promotes both structural and fundamental reforms to create a healthy society as per the requirements. National Health Mission, Janani Suraksha Yojana, RSBY, PMSBY, PMSSY, Ayushman Bharat PM- JAY and many else are innovative and progressive initiatives of government of India. Health insurance is highly recommended as it provides financial protection against healthcare expenses to the individuals. These insurances can be both private and government based. Government health insurance schemes include Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM- JAY), Rastriya Swasthya Bima Yojana (RSBY) and Central Government Health Schemes (CGHS).

Ayushman Bharat, a flagship initiative of government of India, was launched on 23 September 2018 on the recommendation of National Health Policy 2017. It aims to achieve the vision of Universal health Coverage (UHC) and fulfilling its SDGs commitments. According to a study around 63 million people fall below the line of poverty each year because of expensive healthcare expenses. Ayushman Bharat scheme has two components. [A] Health and Wellness Centres (HWCs), [B] Pradhan Mantri Jan Arogya Yojana
Health and Wellness Centres are formed by transforming existing Sub Centre (SCs) and Primary Health Centres (PHCs) for providing comprehensive primary health care services. The Government of India declared the creation of 1,50,000 Health and Wellness centres in February 2018. These health and Wellness Centres are fulfilling this motto.

The second component of Ayushman Bharat is Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM- JAY). This

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scheme targets lower income groups of country who have not enough resources for medical expenses and saves them from penury. Ayushman Bharat PM-JAY is the biggest wellbeing affirmation plot in the world which points at giving a wellbeing cover of Rs. 5 lakhs per family per year for auxiliary and tertiary care hospitalization to over 12 crores destitute and helpless families (roughly 55 crore recipients) that shape the foot 40% of the Indian populace. The families included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rustic and urban zones individually. PM-JAY was prior known as the National Health Protection Scheme (NHPS) sometime recently being rechristened. It subsumed the at that point existing Rastriya Swasthya Bima Yojana (RSBY) which had been propelled in 2008. The scope specified beneath PM-JAY, hence, too incorporates families that were secured in RSBY but are not display in the SECC 2011 database. PM-JAY is completely supported by the Government and fetched of execution is shared between the Central and State Governments. In States, it incorporates with health schemes of respective states and collabs with State Health Authority (SHA).

Total expenditure on health is ₹ 79,221 crore in 2023 – 24 and increased to ₹ 90,171 crore in 2024- 25 while Allocation to Ayushman Bharat (PMJAY) increased from ₹7,200 crore in 2023-24 to ₹7,500 crore in 2024-25.
At slightest 10.74 crores (107.4 million) of destitute and helpless families that frame the foot 40% of the Indian population are anticipated to be qualified for protections scope. Advance, numerous states and Union Territories (UTs) have on a level plane extended the qualification criteria to cover extra recipients either beneath PMJAY or beneath state-specific plans. National Health Agency later known as National Health Authority was set up in March 2018. NHA has full autonomy and accountability to drive its mandate of implementing the PM-JAY through an efficient, effective and transparent decision-making process This research paper seeks to explain the utilisation and adoptability of PM- JAY in States and UTs of India. There are variances in performance of scheme due to diverse conditions of states.

This research paper attempts to analyse state wise implementation through Ayushman card created, hospitals empanelment and authorised hospital admissions etc. For this purpose, we are using secondary data from government websites, research articles and reports. This will provide a valuable insight in utilization and implementation of scheme in states and UTs.

REVIEW OF LITERATURE

Pushpendra Singh et al (2017) observed low health insurance coverage under different government health schemes in Uttar Pradesh by using unit level rounds of the 71st round of National Sample Survey Office. Only 4.8% population was covered by any health insurance scheme in Uttar Pradesh. Reduction of high out of pocket expenditure through health insurance coverage can make the health care more affordable and accessible. The present study reflected an interesting finding of higher insurance coverage among the scheduled caste population of UP along with other social groups.

Arti Gupta et al (2017) provided the comprehensive understanding of the efforts of India towards Universal health Coverage (UHC). The results indicated poor coverage of universal health in Africa, Asia, Middle East and high out of pocket health expenditure on health in India that is at 71% in 2008-2009. This study was conducted before PM – JAY scheme. Inefficient and inequitable distribution of resources are major bottleneck in achieving UHC in India.

Kesari V. R. et al (2019) journal elaborated the challenges and opportunities of PM-JAY and Health and Wellness Centres (HWCs). Exclusion of outpatient care, interstate variations in health insurance coverage, transfers of funds from poor performing states to better performing states, simultaneous implementation of the scheme in a similar pattern across all states and inadequate budget allocation are the major bottlenecks of PM-JAY however the scheme has created more sustained ambience of health insurance in India.

Radhika Bhanja and Koel Roychowdhury (2020) have assessed the performance of India in achieving sustainability in all arenas by 2030. This study highlights that at the sub national level some states have performed well in index while rest of the states need to focus on developing the quality of life of their people and provide infrastructure services and utilities to both their rural and urban counterparts.

Gaikar Vilas B. (2021) observed the public health schemes in Maharashtra and reflected that growth in public expenditure boosts directly health outcomes. However, it is necessary to provide health facilities to all the cities and villages as it is known that real India lies in villages.

Sriee and Maiya (2021) This was a cross-sectional study based on 300 samples for data collection. The findings revealed that financial burden of healthcare expenses is lower in the household covered under health insurance schemes but due to lack of sufficient awareness the utilization of the scheme among many respondents is not satisfactory.

Annual report (2021-22) of PM- JAY provides vision & mission, salient features, institutional structure and implementational models of the PM- JAY that present an overview of the scheme.
Pugazhenthi V. (2022) examined the performance of government funded health insurance schemes (GFHIS) prevailing presently in India along with states. The results showed that the southern states like Tamil Nadu, Kerala and Goa are performing better than the other states and Union Territories (UTs). It emphasized the goal of the quality and timely care to the needy poor also.

Report of **WHO (2022)** emphasized the need of establishing a global knowledge repository for health insurance experiences that will be of great value. It acknowledged PM- JAY as a milestone for India in its journey towards UHC. The convergence between centre and states is the epicentre in driven up the success of the scheme. However, it accoladed the creation of National Health Authority (NHA) as in par with global standard practice.

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Priyanka Agarwal et al (2022) this review paper observed that there are lot of health initiatives to address health well- being of individuals but the poor implementation, lack of awareness and coordination between different agencies lead to poor results. **S. K.**

Mohanty et al (2023) investigated the coverage of public health insurance in India of pre and post period of PM-JAY scheme through NFHS [2015-16 and 2019-21]. The result estimated that PM- JAY coincided with increased health insurance coverage along with decreased inequality in the coverage. Although insufficient to attain the aim of universal coverage for the poor.

Sweta Dubey et al (2023). This paper assessed the evolution of GFHIS (government funded health insurance scheme) with a special focus on RSBY and PM-JAY. PM- JAY expanded the coverage and utilization of RSBY but it depicted systematic skews across geography, sex, age, social groups and healthcare sectors. Such inequities cause limited success of scheme.

DATA

OBJECTIVES

The major objective of this paper is to summarize the utilisation and adaptation of PM- JAY scheme across all states and union territories to understand it's coverage and implementation.

METHOD

We have used data from Setu Dashboard of the PM- JAY from National Health Authority. It provides real time data on Ayushman card created, authorised hospital admissions and authorised hospital empanelment across all states and UTs. We have used this data to assess the utilisation and performance of PM- JAY in states and UTs and seek to get an overview of scheme. We are conducting a comparative analysis of performance of states and UTs with respect to utilisation of PM – JAY.

Table: 1

States and UTs	AC card created (in crore)	Authorised Hospital Admissions	Hospitals empanelment
UTTAR PRADESH	5,08,18,093	20,78,788	5,555
MADHYA PRADESH	3,99,10,421	26,55,634	1,013
BIHAR	2,88,66,567	5,81,810	967
MAHARASHTRA	2,75,72,117	8,21,742	1,006
GUJARAT	2,53,43,941	40,16,358	2,600
CHHATTISGARH	2,17,64,769	37,83,330	1,585
RAJASTHAN	2,15,84,131	57,41,363	1,936
ASSAM	1,70,45,001	6,88,382	361
KARNATAKA	1,64,71,418	49,95,516	3,873
ANDHRA PRADESH	1,54,68,299	34,69,015	2,413
JHARKHAND	1,20,58,443	15,95,110	584
HARYANA	1,17,34,449	8,00,642	1,539
PUNJAB	86,96,738	14,95,735	740
JAMMU AND KASHMIR	85,39,876	8,24,770	251
TELANGANA	82,50,783	8,10,923	1,374
KERALA	76,24,333	50,97,897	573
TAMIL NADU	72,67,445	88,75,258	2,184
UTTARAKHAND	56,19,291	7,90,766	292
MEGHALAYA	19,39,370	6,04,104	171
TRIPURA	19,07,228	2,22,078	153
HIMACHAL PRADESH	13,17,532	1,67,824	273
NAGALAND	6,96,277	38,764	143
MANIPUR	6,01,519	96,324	103
MIZORAM	5,57,735	92,482	88
PUDUCHERRY	5,06,219	43,486	30
Ladakh	1,88,699	4,252	10
CHANDIGARH	1,82,371	1,04,091	31
ARUNACHAL PRADESH	1,37,933	3,004	63
GOA	81,285	11,075	17
SIKKIM	74,133	12,067	22
ANDAMAN AND NICOBAR ISLANDS	71,741	548	7
LAKSHADWEEP	33,537	55	5
Dadra and Nagar Haveli and Daman and Diu	13,289	27	NA

Source: National Health Authority, Dashboard PM – JAY as of 10.05.2024

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FINDINGS

Table 1 represents data of Ayushman card created, authorised hospital admissions and hospital empanelment of PM- JAY scheme across states and union territories from the date of implementation to April 2024. It is the status of scheme as on 10 April 2024 as it varies per day. As this scheme is not adopted in Odisha, West Bengal and Delhi so we didn't include them. We have graphically represented utilization of Ayushman card created, authorised hospital admissions and hospital empanelment in each state and UTs. A summarised comparative analysis of this is as under:

Figure- 1

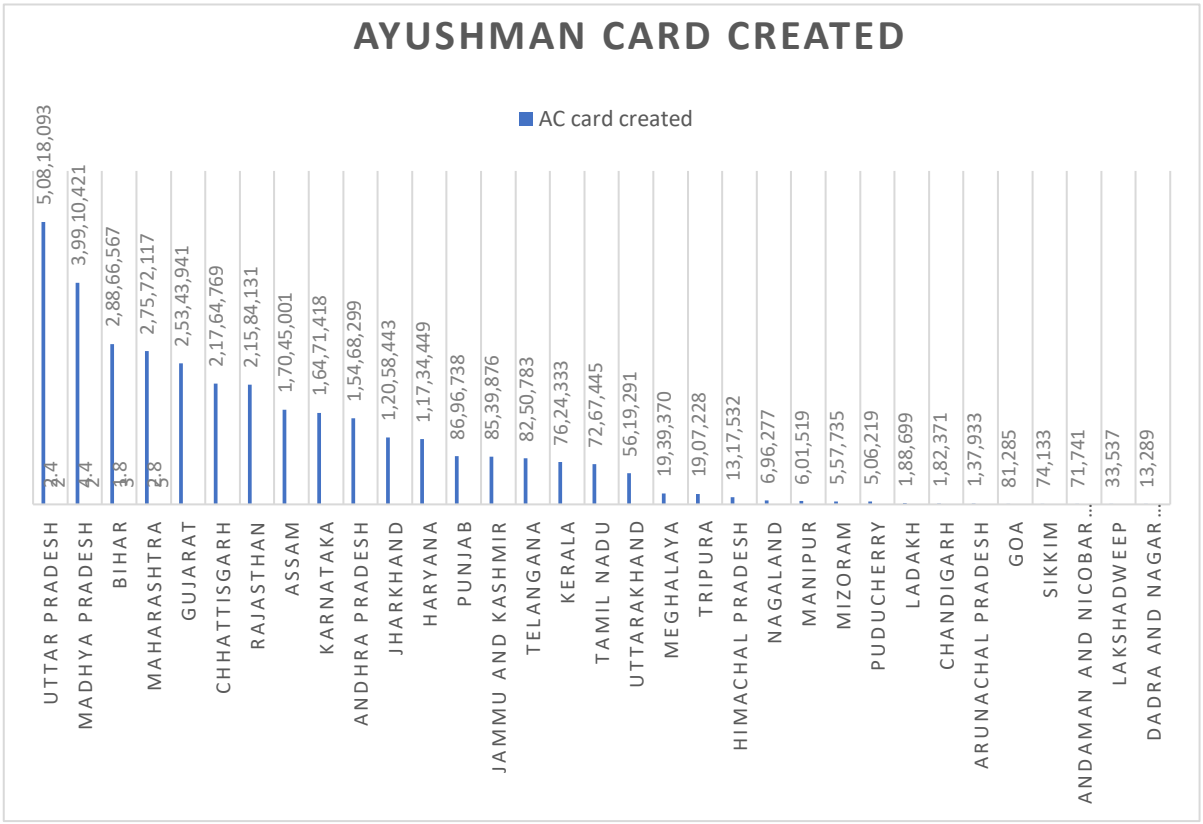

Figure 1 illustrates number of Ayushman card created in different states and UTs. Ayushman card creation is the most prior activity under PM-JAY and requires consistent efforts that each beneficiary should have a card to avail the benefits of the scheme. The total number of AC card created are 342,944,983 across all states and UTs. Out of 33 states and UTs, Uttar Pradesh, Madhya Pradesh, Bihar, Maharashtra and Gujrat are the top five states in term of Ayushman card creation whereas UTs are the least in table. As it is evident that union territories are small in geographical and demographical perspective but variances among large states are significant. Uttar Pradesh tops the list with 5,08,18,093 Ayushman card created while most of the states are of north India are in top position in Ayushman card creation.

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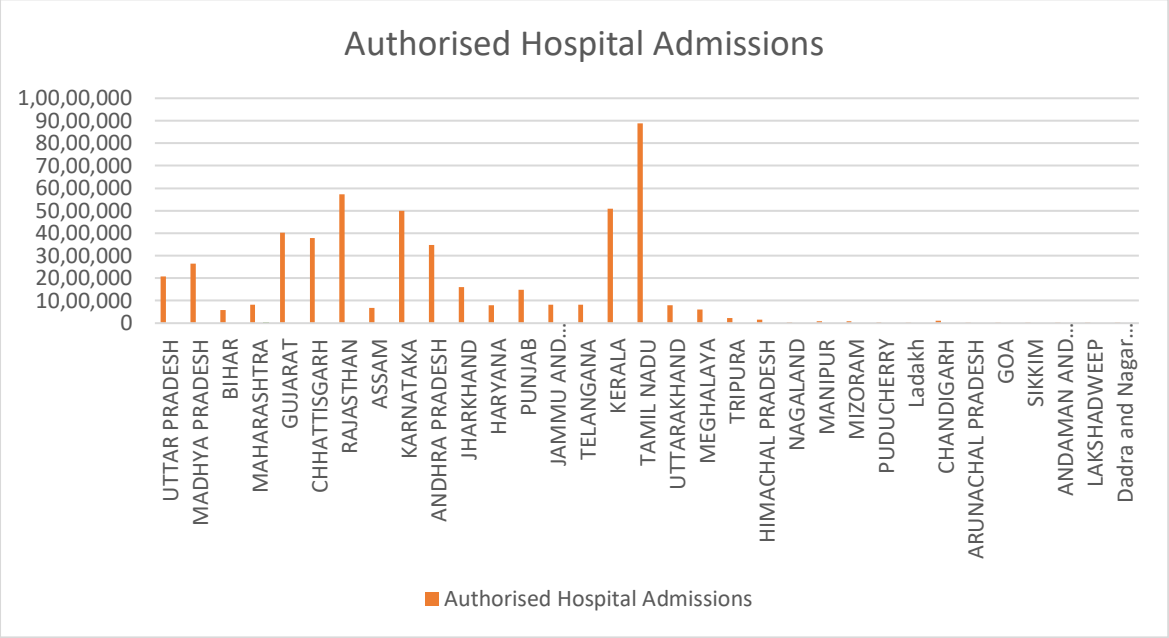

Figure-2

Figure– 2 describes number of authorised hospital admissions that vary across states and UTs and puts a clear picture of utilization of PM – JAY scheme before us. Tamil Nadu tops the list with 88,75,258 authorised hospital admissions while Rajasthan is the second with 57,41,363 authorised hospital admissions. There is anomaly between Ayushman card creation and authorised hospital admissions of top performers that is determined by multiple structural and functional factors. In state Uttar Pradesh, Ayushman card creation is highest but the authorised hospital admissions are just 20,78,788. It represents low participation of beneficiaries for availing benefits under scheme.

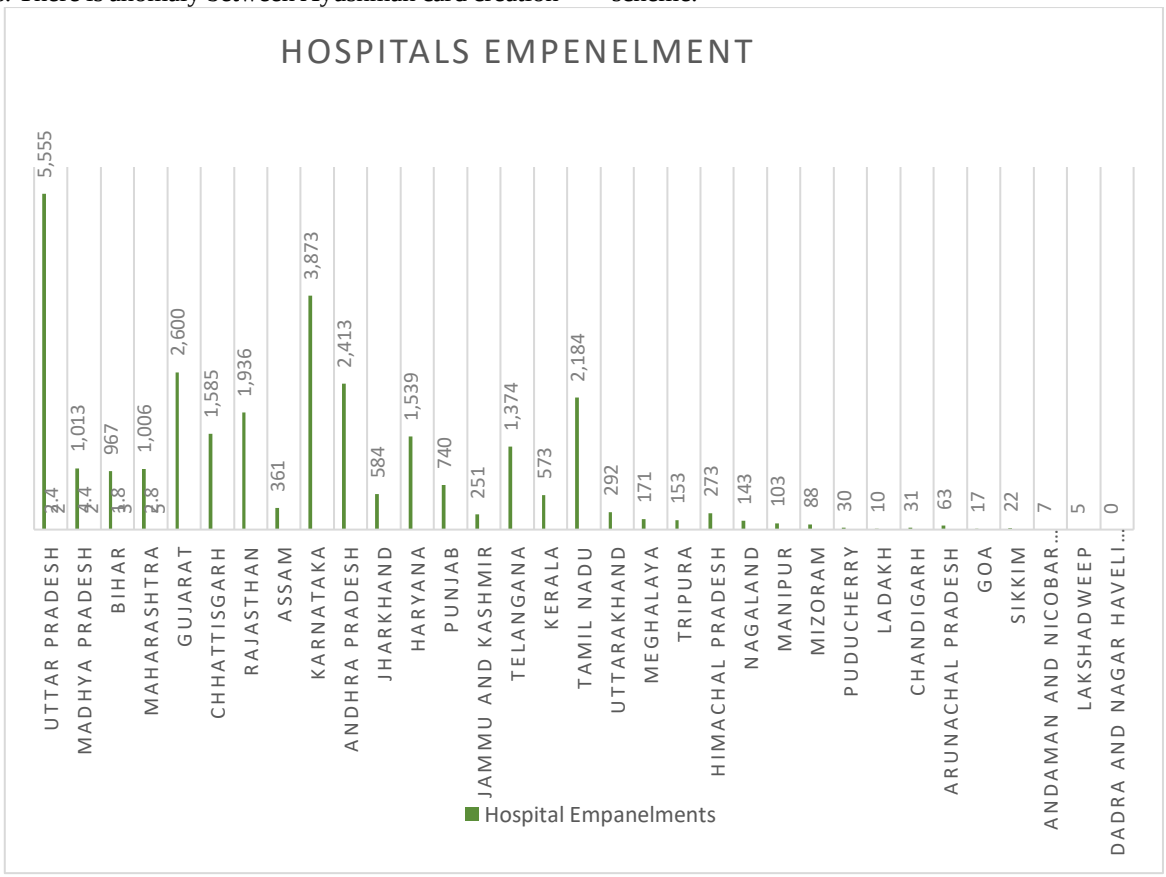

Figure- 3

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Figure – 3 denotes authorised hospital empanelment's in states and UTs across public and private sectors. Public hospitals are more leaned toward empanelment than the private ones.

Beneath Ayushman Bharat –Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), all open healing centres (Community Health Centre and over), in the States actualizing PMJAY, are considered empanelled. Clinics associated with Employee State Insurance Corporation (ESIC) may moreover be empanelled based on the bed inhabitancy proportion parameter. All National establishing run by Ministry of Health & Family Welfare as well as Organized of National Significance are portion of the empanelled healthcare supplier organize for PMJAY. As distant as private clinics are concerned, they are empanelled by State Health Authorities (SHAs) of individual States. For empanelment, rules have been issued to all the States laying down the point-by-point criteria and prepare. The rules & list of empanelled hospitals are accessible on the website.

CONCLUSIONS

This paper highlights the utilisation and current scenario of PM-JAY in states and UTs of India to understand its implementation. The results show that the implementation of Ayushman Bharat has been uneven across India's diverse states and union territories. Responding factors for this diverse status are mainly state level governance, awareness and implementation procedures. As this scheme targets most poor and vulnerable groups of society and helps them to avail financial protection against expensive healthcare expenses. This health insurance scheme reduces out of pocket as well as catastrophic expenditure in health sector that relieve burden on individuals and protect them. There are variances among states and UTs on the basis of Ayushman card creation, hospital admissions and hospital empanelment. Uttar Pradesh, Madhya Pradesh, Bihar Maharashtra and Gujrat are top in card creation as they have more population related to deprived groups and comparatively northern states are mostly in top positions. Tamil Nadu has the highest authorised hospital admissions that resembles awareness and implementation of PM – JAY whereas it is not in top five in card creation. Southern states perform well in this category. The effectiveness of any scheme is decided by the participation of individuals and their awareness. That creates a positive impact on outcomes and achievements of initiative as it can fulfil its objectives. Government intervention and policies to encourage the utilization of initiatives should be applied on ground level so that target beneficiaries can get advantage of it. Health expenses are major cause of dragging individuals towards below poverty line that can only mitigate by universal health coverage. PM-JAY is successfully achieving its goal but more constructive efforts are required for attributing to Universal Health Coverage. As per the National Sample Survey 75th round, around 50% of the population positioned between the deprived and affluent sections are devoid of any financial health protection. These missing middles largely consist of the self-employed class in rural areas, and several organized and unorganized occupations in urban areas. Additionally, a more comprehensive and vide spread strategy need to be adopted for achieving SDG 3.8 of universal health coverage in India.

SUGGESTIONS

As a matter of concern, health insurance is must desired in developing countries to boost well- being of individuals. We have to exhibit a health ecosystem that entails financial protection and feasible health services to most vulnerable individuals. According to NITI Aayog's, 'Health Insurance for India's Missing Middle' published in October 2021 states that total covered or eligible individuals under any health insurance scheme (govt. or private) are around 94.5 crore which are 70% of total eligible population of India and thus 40.5 crore of eligible individuals are uncovered that accounts for 30% of total population of the country. As there is not any specific health insurance scheme for this missing middle of country. An integrated effort with keeping in view the needs and diversity of nation must be undertaken in achieving universal health coverage (UHC). Expansion of current scheme PM – JAY and increasing consumer awareness of health insurance through information, education and communication (IEC) for communities will be highly fruitful.

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