GS-II: Lifeline for India

CONTEXT

Ayushman Bharat is a conscious attempt to holistically address health, encompassing prevention, promotion and ambulatory care at the primary, secondary and tertiary levels.

PMJAY

- It promises to bring healthcare to the poorest through two components: Health and Wellness Centres (HWCs) delivering comprehensive primary healthcare through the development of 1.5 lakh HWCs.
- PM-JAY, the health assurance scheme delivering secondary and tertiary care to 55-crore people through a health cover of Rs 5 lakh per family per year.
- **Ayushman Bharat has been designed based on the idea that prevention is better than cure.**
- No one should fall into poverty because of expenditure on healthcare, or die because they cannot afford treatment.
- It promises free healthcare to the poorest 55 crore people in the country.
- It would help them avoid the catastrophic healthcare expenditure that pushes 6 crores below the poverty line each year in India.

The journey so far – healthcare

- More than 20,000 HWCs have been made operational.
- More than five crore people have been screened for a whole range of common non-communicable diseases.
- More than 45 lakh hospital admissions have taken place for cashless treatment in more than 18,000 empaneled hospitals across the country, resulting in savings of more than Rs 13,000 crore for the beneficiary families.
- Ayushman Bharat has provided a platform and framework for the country to accelerate its progress towards comprehensive universal healthcare.

Working with States

- In several states and union territories, it has an opportunity to extend the benefits to far larger numbers, beyond those covered under the scheme.
- 11 states/UTs have expanded the coverage to include almost all families. 23 states/UTs have expanded the beneficiary base with the same benefit coverage as under PMJAY or lower.
- Several states have merged their many ongoing schemes with PMJAY to make implementation simpler for both beneficiaries and participating hospitals.
- They don’t need to deal with different target groups, rates, and reporting systems.
- Karnataka has merged seven different existing schemes into one, while Kerala has merged three different schemes.

Private sector participation

- More than half of the empaneled hospitals are private. Over 62% of the treatments have
been done by private hospitals.
- PM-JAY has created a massive demand for private and public sector services by making hospital facilities accessible to 55 crore people.
- In tier II and tier III cities, private sector hospitals are witnessing an almost 20% increase in footfall.
- Public sector facilities have streamlined their processes so as to improve service quality and amenities with funds from PMJAY.

Employment

- With the setting up of 1.5 lakh HWCs by 2022, an expected 1.5 lakh jobs will be created for community health officers, including 50,000 multi-purpose health workers.
- It has generated approximately 50,000-60,000 jobs in the first year itself and is expected to add over 12.5 lakh jobs in both public and private sectors over the next three to five years.
- 90% of them are in the healthcare sector and the remaining in allied sectors such as insurance and implementation support.
- 1.5 lakh beds will be added to existing and new hospitals. This will lead to the creation of around 7.5 lakh new opportunities for doctors, nurses, technicians, pharmacists and frontline healthcare workers such as Pradhan Mantri Arogya Mitras.

Way Forward

- Tap the potential of collective bargaining and leveraging economies of scale to deliver affordable and quality healthcare through devices, implants, and supplies.
- Prescribing and ensuring adherence to standard treatment protocols.
- Strengthening the linkage between HWCs and PMJAY to improve the backward and forward referrals and enhance overall healthcare services to the poor.
- “Greenfield” states with no past experience of implementing healthcare schemes have to work harder to scale up their progress.