

Transformation In Healthcare Sector Through Ayushman Bharat Programme: A Critical Review

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ABSTRACT

The Indian healthcare system is typical in nature and the Government has invested in building strong public healthcare infrastructure. The pivotal role is played by the evolution of foremost non-public sector facilities created by the Government as healthcare emerges as the priority sector of the Government of India. However, with a population of virtually 1.35 Billion, with a majority living within the rural hinterlands, there is a scope to enhance the healthcare facilities to improve the health of individuals. Affordable and quality healthcare has not reached the majority of Indians after 70 years of independence. Only 25 % of Indian population is insured under both private health insurance and government-run insurance schemes. To address this, issue the Government had set up a High-Level Expert Group in the year 2010 under 12th Five Year plan, which submitted its report with a focus on Universal Health cover as a basic component for social security. Recently Union Budget 2018 came up with “AYUSHMAN BHARAT PROGRAMME” that plans to cover 10 Crore Below Poverty Line families under a Health Insurance scheme. In this paper, an attempt has been made to critically evaluate the Ayushman Bharat Programme and also the current status of healthcare delivery system in rural India. Further, this paper also makes an attempt to highlight the key role played by Government for healthcare and Sustainable Development.

Keywords: *Healthcare, Ayushman Bharat, Health Insurance, Healthcare Services*

1. INTRODUCTION:

After independence, the Government of India has given first concern to the medical problems by getting ready and carrying out numerous plans and recommendations. In any case, alongside monetary development wellbeing keeps on leftover in the condition of most noteworthy dilemma. Even the slogan 'Health for All' given by the World Health Organization (WHO), 'Millennium Development Goals' and 'Universal Health Care' has not translated into meaningful action for the health care. The availability of medical care just as use of accessible medical services offices, particularly in rural areas involves genuine concern. Government's reality over-resolve to care for the wellbeing of its kin, to secure the genuine abundance of their country and guarantee medical services is available and reasonable to all residents the same. India too announced the biggest ever Government-funded scheme of its kind in the world on Feb 1, 2018, which seeks to cover nearly 40% of its population called Ayushman Bharat-National Health Protection Mission on Feb 1 2018. Under Ayushman Bharat, the government also aims to open 1.5 lakh health and wellness centres by the year 2022, which would be equipped to treat diseases including blood pressure, diabetes, and cancer (<https://timesofindia.indiatimes.com/business/india-business/ayushman-bharat-healthcare-scheme-launched-key-things-to-know/articleshow/65951386.cms>).

2. A BRIEF REVIEW OF LITERATURE:

Over the past decades, several Committees and Commissions have been appointed by the Government to examine issues and challenges facing the health sector. The purpose of these committees formed from time to time is to review the current situation regarding health status in the country and suggested further course of action in order to accord the best of healthcare to the people.

The earliest committees included the Health Survey and Development Committee (Bhore Committee) and Sokhey Committee. Other main Committees in the Post-Independence period, included Mudaliar Committee, Chadha Committee, Mukherjee Committee, Jungalwalla Committee, Kartar Singh Committee; Mehta Committee, Bajaj Committee amongst others. Some of the recent Committees include the Mashelkar Committee and the National Commission on Macroeconomics and Health.

Cueto (2004) had noticed that PHCs incorporated all territories deliberately or in any case plays a functionary job in wellbeing just as giving admittance to other wellbeing administrations which could incorporate viz., the sound climate as a rule of medical care, solid way of life perspectives depicted by these outstanding medical care providers.

Barbara (2011) had contemplated the commitment of PHC as headway towards supportable medical care conveyance administrations past the customary and ordinary medical care framework which a large portion of the occasions centers around creating and carrying out delayed medical care delivery arrangements.

Bangdiwala, et al (2012) had inspected current difficulties, and investigate openings for development. Health reforms changes in China and India need to think about new and current models for general health education, maybe in autonomous resources of general health, to revive general health instruction, and reinforce the situation of general wellbeing in tending to the wellbeing difficulties of the 21st century.

Bhuputra Panda, et al (2012) had analyzed the current general health sustenance intercessions in the State utilizing the theoretical system of UNICEF and gave future mandates to creating proof towards setting project and strategy destinations.

Choudhury (2012) had thought on Participatory Rural Appraisal and had attempted to satisfy the twin destinations viz., to examine the wellbeing looking for conduct of individuals living in Amolapaam town of Sonitpur region, Assam, and to consider the accessibility of wellbeing related assets in the towns which showed that the Amolapaam town was far from various health related plans.

Alma Pentescu, et al (2013) had examined for the significance of situating to the private medical care suppliers, to show the situating of a main private medical services supplier on the medical care market in Sibiu (Romania), and to feature the effect of situating on the promoting blend factors.

Anitha and Navitha Thimmaih (2013) introduced the usage of general health administrations alongside fulfillment through a relative report. Their outcomes had shown that higher use is anything but an indication of higher fulfillment with regards to Primary Health Centers. Further, the investigation had distinguished a few factors viz., Doctor's accessibility, Quality of Service, Cleanliness that were affecting fulfillment in the examination territory to that proposed the requirement for taking the correct choice to expand the fulfillment rates related with PHCs.

Muniraju (2013) had assessed the condition of medical care in India, and its highlights as a subsidized medical coverage framework run by the constituent states and Territories of India. The Constitution accuses each territory of "Ascending of the degree of sustenance and the way of life of its kin and the improvement of general wellbeing as among its essential obligations". The National Health Policy was supported by the Parliament of India in the year 1983 and updated in the year 2002. The paper had additionally examined in a word the provisions of the National Health Policy.

Ahmad, Siraj and Maqbool, Adeel (2013) had explained the framework improvement exercises at the clinic which won a few honors for the nature of medical care administration at the public level.

Doke, et al (2014) had compared the implementation of Community-Based Monitoring (CBM) in 45 Primary Health Centers (PHCs) in the pilot phase in the State of Maharashtra with the equal number of randomly selected PHCs not implementing CBM (Non-CBM) 69 from the same districts.

White (2015) had accepted that the PHCs and general wellbeing estimates when the two of them run together in raven sets (team up), that may be considered as the supporting specialty (strong establishment) for widespread health frameworks.

3. CONCEPT OF AYUSHMAN BHARAT PROGRAMME:

Ayushman Bharat is a national programme initiated by Honourable Prime Minister of India Narendra Modi as the part of National Health Policy 2017, in order to achieve the vision of Universal Health Coverage. Ayushman Bharat is an Endeavour to move from sectoral and portioned approach of wellbeing administration conveyance to a complete need-based social insurance administration. Ayushman Bharat expects to embrace the way breaking medications to comprehensively address wellbeing at essential, optional, and tertiary level. Ayushman Bharat embraces a continuum of care approach, involving two between related segments, which are - Establishment of Health and Wellness Centers and Pradhan Mantri Jan Arogya Yojana. (PM-JAY)

Establishment of Health and Wellness Centers– The primary segment relates to the making of 1,50,000 Health and Wellness Centers, which will bring health services nearer to the homes of the individuals. These centres will give Thorough Essential Social insurance, covering both maternal and Child wellbeing

administrations and non-transmittable diseases, including free fundamental medications and demonstrative administrations.

TABLE NO. : 01 STATE-WISE ALLOCATION OF FUNDS FOR AYUSHMAN BHARAT-HEALTH AND WELLNESS CENTRES (AB-H&WCS) UNDER NATIONAL RURAL HEALTH MISSION (NRHM) IN INDIA (2019-2020)

States/UTs	Rs. (in Crore)	In Rs.	No. of Hospitals *			Population	Ratio of Hospital to Population		Total	Per Head Fund Release
	2019-2020	2019-20	Publ ic	Pri vat e	Tota l		Public	Private		
Andaman and Nicobar Islands	1.36	13600000	3	0	3	411278	0.000007	0.000000	0.000007	33.07
Andhra Pradesh	42.65	426500000	225	467	692	53390841	0.000004	0.000009	0.000013	7.99
Arunachal Pradesh	14.15	141500000	2	0	2	1548776	0.000001	0.000000	0.000001	91.36
Assam	81.03	810300000	157	139	296	35080827	0.000004	0.000004	0.000008	23.10
Bihar	116.39	1163900000	569	183	752	122256981	0.000005	0.000001	0.000006	9.52
Chandigarh	0.41	4100000	5	12	17	1142479	0.000004	0.000011	0.000015	3.59
Chhattisgarh	44.58	445800000	715	626	1341	28989789	0.000025	0.000022	0.000046	15.38
Dadra and Nagar Haveli	1.23	12300000	4	0	4	384058	0.000010	0.000000	0.000010	32.03
Daman and Diu	0.73	7300000	3	0	3	223165	0.000013	0.000000	0.000013	32.71
Goa	1.23	12300000	11	13	24	1564349	0.000007	0.000008	0.000015	7.86
Gujarat	48.68	486800000	1820	1036	2856	64801901	0.000028	0.000016	0.000044	7.51
Haryana	19.21	192100000	155	351	506	27793351	0.000006	0.000013	0.000018	6.91
Himachal Pradesh	21.77	217700000	149	54	203	7384022	0.000020	0.000007	0.000027	29.48
Jammu and Kashmir	42.39	423900000	126	31	157	13468313	0.000009	0.000002	0.000012	31.47
Jharkhand	44.16	441600000	221	455	676	37933898	0.000006	0.000012	0.000018	11.64
Karnataka	51.53	515300000	2422	427	2849	66834193	0.000036	0.000006	0.000043	7.71
Kerala	18.44	184400000	179	202	381	35461849	0.000005	0.000006	0.000011	5.20
Lakshadweep	0.32	3200000	1	0	1	72172	0.000014	0.000000	0.000014	44.34
Madhya Pradesh	103.47	1034700000	341	98	439	83849671	0.000004	0.000001	0.000005	12.34
Maharashtra	83.99	839900000	87	369	456	121924973	0.000001	0.000003	0.000004	6.89
Manipur	8.57	85700000	14	7	21	3048861	0.000005	0.000002	0.000007	28.11
Meghalaya	9.17	91700000	154	14	168	3320226	0.000046	0.000004	0.000051	27.62
Mizoram	4.41	44100000	79	4	83	1222134	0.000065	0.000003	0.000068	36.08
Nagaland	6.22	62200000	60	6	66	2218634	0.000027	0.000003	0.000030	28.04
Puducherry	0.31	3100000	6	5	11	1394026	0.000004	0.000004	0.000008	2.22
Punjab	20.91	209100000	205	435	640	29875481	0.000007	0.000015	0.000021	7.00
Rajasthan	105.23	1052300000	551	1498	2049	79584255	0.000007	0.000019	0.000026	13.22

Sikkim	2.17	21700000	5	2	7	680721	0.000007	0.000003	0.000010	31.88
Tamil Nadu	50.4	504000000	117	108	225	77177540	0.000015	0.000014	0.000029	6.53
Tripura	9.27	92700000	62	2	64	4112223	0.000015	0.000000	0.000016	22.54
Uttar Pradesh	213.31	2133100000	842	147	231	233378519	0.000004	0.000006	0.000010	9.14
Uttarakhand	24.98	249800000	101	74	175	11140566	0.000009	0.000007	0.000016	22.42
West Bengal	65	650000000	0	0	0	98662146	0.000000	0.000000	0.000000	6.59
India	1257.67	12576700000	10444	9067	19511	1250332218	0.000008	0.000007	0.000016	10.06

Source: Lok Sabha Unstarred Question No. 3301, dated on 12.07.2019.

*Lok Sabha Unstarred Question No. 1185, dated on 28.06.2019,

Lok Sabha Unstarred Question No. 952, dated on 22.11.2019 & Lok Sabha Starred Question No.

170, dated on 29.11.2019,

Lok Sabha Starred Question No. 170, dated on 29.11.2019, Abbr. : NRHM: National Rural Health Mission.

In given table No. 01 the data presented is related to funding released under Ayushman Bharat to National Rural Health Mission (NRHM). From the above table, it is very clear that the Government is giving more importance to rural health. Highest per head fund released under Ayushman Bharat to National Rural Health Mission is Rs. 91.6 in the state of Arunachal Pradesh. Lowest per head fund released under Ayushman Bharat to National Rural Health Mission is Rs. 02.22 in the state of Puducherry. Dadra Nagar and Haveli and Daman and Diu are almost the same per head fund released under Ayushman Bharat to National Rural Health Mission.

TABLE NO. : 02 STATE-WISE ALLOCATION OF FUNDS FOR AYUSHMAN BHARAT-HEALTH AND WELLNESS CENTRES (AB-H&WCS) UNDER NATIONAL URBAN HEALTH MISSION (NUHM) IN INDIA (2019-2020)

States/UTs	Crore	Rs.	Hospitals			Population	Hospital to Population			Per Head Fund Release
			Public	Private	Total		Public	Private	Total	
Andaman and Nicobar Islands	0.07	700000	3	0	3	411278	0.000007	0.000000	0.000007	1.70
Andhra Pradesh	15.29	152900000	225	467	692	53390841	0.000004	0.000009	0.000013	2.86
Arunachal Pradesh	0.48	4800000	2	0	2	1548776	0.000001	0.000000	0.000001	3.10
Assam	10.82	108200000	157	139	296	35080827	0.000004	0.000004	0.000008	3.08
Bihar	5.64	56400000	569	183	752	122256981	0.000005	0.000001	0.000006	0.46

Chandigarh	0.53	5300000	5	12	17	1142479	0.000004	0.000011	0.000015	4.64
Chhattisgarh	4.84	48400000	715	626	1341	28989789	0.000025	0.000022	0.000046	1.67
Dadra and Nagar Haveli	0.02	200000	4	0	4	384058	0.000010	0.000000	0.000010	0.52
Daman and Diu	0.02	200000	3	0	3	223165	0.000013	0.000000	0.000013	0.90
Goa	0.17	1700000	11	13	24	1564349	0.000007	0.000008	0.000015	1.09
Gujarat	11.45	114500000	1820	1036	2856	64801901	0.000028	0.000016	0.000044	1.77
Haryana	5.57	55700000	155	351	506	27793351	0.000006	0.000013	0.000018	2.00
Himachal Pradesh	0.19	1900000	149	54	203	7384022	0.000020	0.000007	0.000027	0.26
Jammu and Kashmir	2.09	20900000	126	31	157	13468313	0.000009	0.000002	0.000012	1.55
Jharkhand	3.04	30400000	221	455	676	37933898	0.000006	0.000012	0.000018	0.80
Karnataka	13.04	130400000	2422	427	2849	66834193	0.000036	0.000006	0.000043	1.95
Kerala	6.27	62700000	179	202	381	35461849	0.000005	0.000006	0.000011	1.77
Lakshadweep	0	0	1	0	1	72172	0.000014	0.000000	0.000014	0.00
Madhya Pradesh	15.26	152600000	341	98	439	83849671	0.000004	0.000001	0.000005	1.82
Maharashtra	37.19	371900000	87	369	456	121924973	0.000001	0.000003	0.000004	3.05
Manipur	1.12	11200000	14	7	21	3048861	0.000005	0.000002	0.000007	3.67
Meghalaya	2.32	23200000	154	14	168	3320226	0.000046	0.000004	0.000051	6.99
Mizoram	2.64	26400000	79	4	83	1222134	0.000065	0.000003	0.000068	21.60
Nagaland	2.57	25700000	60	6	66	2218634	0.000027	0.000003	0.000030	11.58
Puducherry	0.54	5400000	6	5	11	1394026	0.000004	0.000004	0.000008	3.87
Punjab	5.56	55600000	205	435	640	29875481	0.000007	0.000015	0.000021	1.86
Rajasthan	8.49	84900000	551	1498	2049	79584255	0.000007	0.000019	0.000026	1.07
Sikkim	0.92	9200000	5	2	7	680721	0.000007	0.000003	0.000010	13.52
Tamil Nadu	19.46	194600000	1170	1087	2257	77177540	0.000015	0.000014	0.000029	2.52
Tripura	4.14	41400000	62	2	64	4112223	0.000015	0.000000	0.000016	10.07
Uttar Pradesh	23.78	237800000	842	1470	2312	233378519	0.000004	0.000006	0.000010	1.02
Uttarakhand	1.7	17000000	101	74	175	11140566	0.000009	0.000007	0.000016	1.53
West Bengal	20.05	200500000	0	0	0	98662146	0.000000	0.000000	0.000000	2.03
India	225.27	2252700000	10444	9067	1951	125033221	0.000008	0.000007	0.000016	1.80
		0			1	8				

Source: Lok Sabha Unstarred Question No. 3301, dated on 12.07.2019

Lok Sabha Unstarred Question No. 1185, dated on 28.06.2019,

Lok Sabha Unstarred Question No. 952, dated on 22.11.2019 & Lok Sabha Starred Question No. 170, dated on 29.11.2019,

Lok Sabha Starred Question No. 170, dated on 29.11.2019,

Abbr. : [NUHM: National Urban Health Mission].

In above table No. 02, the data presented is related to funding released under Ayushman Bharat to National Urban Health Mission (NUHM). From the above table, it is very clear that the Government is giving more importance to the health indicator. Highest per head fund released under Ayushman Bharat to National Urban Health Mission is Rs. 21.60 in the state of Mizoram. Lowest per head fund released under Ayushman Bharat to National Urban Health Mission is Rs. 0.26 in the state of Madhya Pradesh. Chhattisgarh and Jammu and Kashmir is almost the same per head fund released under Ayushman Bharat to National Urban Health Mission.

A Brief Review of Pradhan Mantri Jan Arogya Yojana (PM-JAY) :

PM-JAY is one of the important steps towards the accomplishment of Widespread Wellbeing Inclusion and Sustainable Development Goal - 3 (SDG3). It means giving health assurance cover to poor and powerless families against financial risk emerging out of tragic wellbeing scenes. Pradhan Mantri Jan Arogya Yojana (PM-JAY) would give financial security to 10.74 crores poor, BPL families and classes of urban labourers' families according to the most recent Socio-Economic Caste Census data. It will have to offer an advantage of Rs. 500,000 for every family for each year. PM-JAY will cover therapeutic and hospitalization costs for practically all secondary consideration and most tertiary consideration strategies. PM-JAY has characterized 1,350 therapeutic packages covering medical procedure, restorative and childcare medications including medicines, diagnostics, and transport. The plan would be cashless and paperless at Government Hospitals and Private medical clinics. The recipients won't be required to pay any charges for the hospitalization costs. The advantage also includes pre-and post-hospitalization costs. When fully implemented, the PM-JAY will become the world's largest government-funded health protection mission.

**TABLE NO. 03 STATE WISE FUND ALLOCATION UNDER
AYUSHMAN BHARAT YOJNA - PRADHAN MANTRI JAN AROGYA
YOJNA 2018-19 AND 2019-20**

States/UTs	Year	Year	Percentage Change in Funding % Change
	2018-19	2019-20	
	(Rs. in Crore)		
Andaman and Nicobar Islands	0.15	0.41	173.33
Andhra Pradesh	182.85	107.12	-41.42
Arunachal Pradesh	2.31	-	-100.00
Assam	21.08*	82.21	289.99

Bihar	88.27	-	-100.00
Chandigarh	0.68	1.5	120.59
Chhattisgarh	217.43	23.54	-89.17
Dadra and Nagar Haveli	3.25	-	-100.00
Daman and Diu	1.02	-	-100.00
Goa	0.64	0.04	-93.75
Gujarat	77.5	212.33	173.97
Haryana	26.81	50.36	87.84
Himachal Pradesh	17.18	13.61	-20.78
Jammu and Kashmir	20.64#	19.26	-6.69
Jharkhand	170.17	-	-100.00
Karnataka	159.31*	85.9	-46.08
Kerala	25	36.28	45.12
Lakshadweep	0	-	0.00
Madhya Pradesh	72.57	84.6	16.58
Maharashtra	266.32	162.03	-39.16
Manipur	7.18	7.18	0.00
Meghalaya	15.57	14.78	-5.07
Mizoram	17.48	2.58	-85.24
Nagaland	4.72	-	-100.00
Puducherry	1.52	-	-100.00
Punjab	2.24	23.95	969.20
Rajasthan	0	-	0.00
Sikkim	1.03	-	-100.00
Tamil Nadu	304.98*	-	-100.00
Tripura	12.81	5.6	-56.28
Uttar Pradesh	85.01	72.49	-14.73
Uttarakhand	12.54	7.96	-36.52
West Bengal	31.28	-	-100.00
India	1849.54	1013.76	-45.19

Source : Lok Sabha Unstarred Question No. 1185, dated on 28.06.2019, Lok Sabha Unstarred Question No. 952, dated on 22.11.2019 & Lok Sabha Starred Question No. 170, dated on 29.11.2019.

In above table No. 03, the data presented is related to the Budget allocation of Pradhan Mantri Jan Arogya Yojna under the aegis of Ayushman Bharat Programme. The results from the above table are indicative of the fact that Ayushman Bharat Programme is a Game Changer for the Health Sector. The states in which the increasing fund trend is displayed under Ayushman Bharat to Pradhan Mantri Jan Arogya Yojna include Andaman and Nicobar Islands, Assam, Chandigarh, Gujarat, Haryana, Kerala, Gujarat and Madhya Pradesh. The state in which the decreasing fund trend is displayed under Ayushman Bharat to Pradhan Mantri Jan Arogya Yojna includes West Bengal, Uttarakhand, Uttar Pradesh, Tripura, Karnataka, Mizoram, Maharashtra, Himachal Pradesh and Goa.

Thus much needs to be done at the grassroots level in terms of impact assessment of various schemes and programs by the government.

TABLE NO. 04 STATE-WISE FUNDS RELEASED UNDER AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY) IN INDIA (2019-2020-UP TO 25.11.2019)

States/UTs	Crore	Rs.	Population	Per Head Fund Release
	2019-2020	2019-20		Fund Release to Population
Andaman and Nicobar Islands	0.41	4100000	411278	9.97
Andhra Pradesh	107.12	1071200000	53390841	20.06
Arunachal Pradesh	0	0	1548776	0.00
Assam	82.21	822100000	35080827	23.43
Bihar	0	0	122256981	0.00
Chandigarh	1.5	15000000	1142479	13.13
Chhattisgarh	23.54	235400000	28989789	8.12
Dadra and Nagar Haveli	0	0	384058	0.00
Daman and Diu	0	0	223165	0.00
Goa	0.04	400000	1564349	0.26
Gujarat	212.33	2123300000	64801901	32.77
Haryana	50.36	503600000	27793351	18.12
Himachal Pradesh	13.61	136100000	7384022	18.43
Jammu and Kashmir	19.26	192600000	13468313	14.30
Jharkhand	0	0	37933898	0.00
Karnataka	85.9	859000000	66834193	12.85
Kerala	36.28	362800000	35461849	10.23
Lakshadweep	0	0	72172	0.00
Madhya Pradesh	84.6	846000000	83849671	10.09
Maharashtra	162.03	1620300000	121924973	13.29
Manipur	7.18	71800000	3048861	23.55
Meghalaya	14.78	147800000	3320226	44.52
Mizoram	2.58	25800000	1222134	21.11
Nagaland	0	0	2218634	0.00
Puducherry	0	0	1394026	0.00
Punjab	23.95	239500000	29875481	8.02
Rajasthan	0	0	79584255	0.00
Sikkim	0	0	680721	0.00
Tamil Nadu	0	0	77177540	0.00
Tripura	5.6	56000000	4112223	13.62
Uttar Pradesh	72.49	724900000	233378519	3.11
Uttarakhand	7.96	79600000	11140566	7.15
West Bengal	0	0	98662146	0.00
India	1013.76	1013760000 0	1250332218	8.11

Source: Lok Sabha Unstarred Question No. 1185, dated on 28.06.2019, Lok Sabha Unstarred Question No. 952, dated on 22.11.2019 & Lok Sabha Starred Question No. 170, dated on 29.11.2019, Lok Sabha Starred Question No. 170, dated on 29.11.2019.

In above table No. 04, the data reveals that per head allocation under Pradhan Mantri Jan Arogya Yojna is a most important scheme for the Health Sector. Highest per head fund released under Ayushman Bharat to Pradhan Mantri Jan Arogya Yojna is Rs. 44.52 in the state of Meghalaya. Lowest per head fund released under Ayushman Bharat to Pradhan Mantri Jan Arogya Yojna is Rs. 3.11 in the state of U.P Goa, Andaman Nicobar and Chhattisgarh has also very low fund released under Ayushman Bharat to Pradhan Mantri Jan Arogya Yojna.

4. TRANSFORMATION IN HEALTHCARE SECTOR-A BRIEF REVIEW:

The flagship initiative of “Ayushman Bharat” of the Modi led Government has proved to be the game-changer and a nationwide programme reaching to the grassroots population in the hinterlands of rural India. This initiative is gaining attention world over. Ayushman Bharat is an endeavour to move from sectoral and portioned approach of wellbeing administration conveyance to a thorough need-based health insurance administration. Ayushman Bharat expects to embrace the way breaking interventions to comprehensively address health (prevention, promotion, and ambulatory-care), at the base, secondary, and tertiary level. In view of the above facts, it is well understood that the transformation in India’s healthcare sector has just begun and there is a paradigm shift in India’s Health sector.

5. OBJECTIVE OF THE STUDY:

The main objective of this research study is to Critically assess the Ayushman Bharat Program and furthermore the current status of medical care delivery framework in India. An attempt has been made to feature the key role played by the Government of India for Healthcare Sector. The study also uncovers key linkages among Healthcare and Sustainable Development of healthy India.

6. RESEARCH METHODOLOGY:

The research paper is an endeavor of exploratory examination, in view of the auxiliary information sourced from journals, magazines, articles and media reports. Investigating prerequisites of the targets of the examination the examination configuration utilized for the examination is of exploratory sort. Keeping taking into account the set targets, this examination configuration was received to have more noteworthy exactness and top to bottom investigation of the exploration study. Accessible optional information was widely utilized for the investigation. In this exploration paper, the researcher obtains the necessary

information through the auxiliary review strategy. Diverse news articles, Books and Web were utilized which were counted and recorded. An endeavor has been made to audit the current status of medical services conveyance framework in rural India and furthermore makes an endeavor to feature the key pretended by Government for medical services and furthermore taking a look at different difficulties to be looked in the execution of "AYUSHMAN BHARAT Program"

7. ELEMENTS AFFECTING DELIVERY OF RURAL HEALTH CARE SERVICES:

There are major five responsible elements for the successful implementation of the system developed for Delivery of Rural Health Care Services along with the major goal of "Health for All".

Inequality in Health Care Delivery

The inequality in the delivery of health care services is concerned with the qualitative assessment of professional skills of staff, managerial skills of administrators, quality of health care provided, quality of students trained at medical institutions.

Bureaucratic Leadership and Administration

The Indian health care system is characterized by Bureaucratic leadership which includes the lack of clear vision, an absence of inclusive strategies, lack of motivation, zeal, and enthusiasm combined with a failure of bureaucratic leadership. Administrative Reforms needed to improve the administrative machinery that needs to be integrated and reorganized. The Medical, Health and Education Department need to work in synergy to achieve the objective of the overall enhancement of health. Deep-rooted corruption is prohibiting the smooth flow of the system, especially the prompt purchase of medical equipment and diagnostics.

Directorate of Medical and Health, the apex administrative and regulatory body for Medical and Health in India lacks the technical expertise and needs overhauling.

Changing Pattern of Disease

Changing example of the illness incorporates Surge of coronary illness; diabetes and stress alongside mature age contaminations and ailing health have gotten obvious by this change. The emergence of Scrub typhus, Dengue, Swine influenza further upgrades the weight of illnesses.

Affordable Health Care for Rural Area

Moderate medical services that is the arrangement of medical services for rustic territories depends on the reasonableness of therapy and indicative expenses. To impel the native creation of clinical gadgets, drugs, careful and diagnostics, the biomedical researchers in the clinics, research foundations and somewhere else can meet up and make an interpretation of their insight into moderate clinical items (Panagariya, Ashok, 2014).

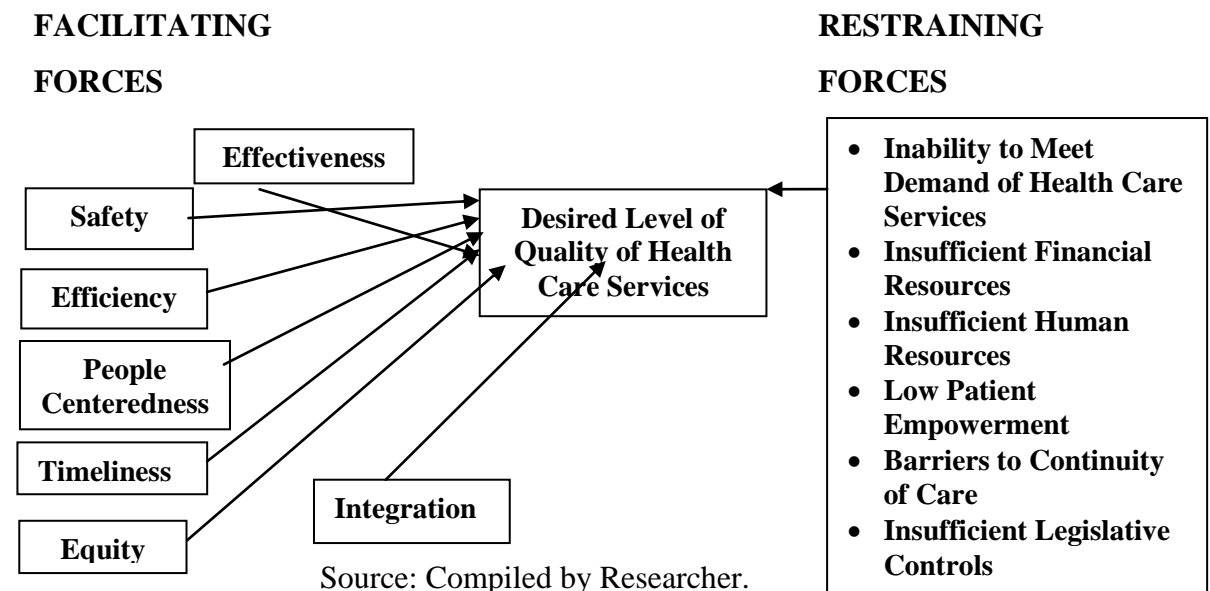
Infrastructure and Healthcare Providers

The conveyance of ideal medical care in a provincial local area can't be conveyed basically guaranteeing conjunction of foundation, clinical supplies, and medical services suppliers. It needs an intentional spotlight on the nature of medical care administrations, which includes giving powerful, safe, individuals focused medical services benefits that are convenient, fair, coordinated and effective (Panagariya, Ashok (2014) and <http://www.firstpost.com>).

ELEMENTS OF QUALITY OF HEALTH CARE SERVICES: INTERPLAY OF RESTRAINING AND FACILITATING FORCES

Quality of health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes, and are consistent with current professional knowledge. Quality of health care can be measured which is ultimately aimed at health improvements rather than simply increasing health service inputs or refining system processes.

Restraining and Facilitating Forces Affecting Quality of Health Care Services: Interplay



There are multiple quality elements that affect the quality of health care services across the world which mainly includes viz., Effectiveness, Safety, People-Centeredness, Timeliness, Equity and, Integration of efficient health care services. These factors are ingredients for realizing the benefits of quality health care.

At the same time, the equally important restraining forces that constrain the quality of effectiveness of Delivery of Health Care Service and that can be categorized as reasons for poor-quality of health care services which includes viz., Inability to meet demand of Health Care Services, Insufficient Financial and Human Resources, Low Patient Empowerment, Barriers to Continuity of Health Care, and Insufficient Legislative Controls respectively.

India's health care industry faces barriers related to its world's second-largest population, rising from 760 Million in the year 1985 to an estimated 1.3 billion in the year 2015. As far as health infrastructure is concerned the existing health care infrastructure is just not sufficient to meet the needs of India's rising population. The Central and State Governments of India do offer universal health care services and affordable treatment and essential drugs at government hospitals. However, their hospitals are understaffed and under-financed, forces patients to visit private medical practitioners and hospitals. Another one barrier relating to this is less number of people in India who takes health care insurance. India has one of the lowest per capita health care expenditures in the World. The high out-of-pocket expenses in India stem from the fact that 76 per cent of Indians do not have health insurance. The rural-urban disparity is another factor affecting the delivery of rural health care services. The rural health care infrastructure is three-tiered and it mainly includes a Sub-Center, Primary Health Centers (PHCs) and CHC (<http://www.firstpost.com>).

UNDERSTANDING THE KEY LINKAGES BETWEEN AYUSHMAN BHARAT AND HEALTHCARE DEVELOPMENT:

The importance of health as a key component of human development was recognized under MDGs and three health indicators viz., Education, Life Expectancy and Sanitation has given priority by the Government as a major determinant of health. There is a direct relationship between the Ayushman Bharat Programme and Healthcare Development of people in India that can be meant for the betterment of the Health Facilities, and Growth of India. Although concerted efforts have been initiated by the Government of India through several

schemes and programmes to improve Healthcare Services in India there exists a need to focus on bringing prosperity in the lives of the people in the country.

CHALLENGES IN AYUSHMAN BHARAT PROGRAMME:

Low Public Spending on Healthcare and High Out of Pocket Expenses

Public spending on health in India (centre and state governments put together) has been in the range of 1.01- 1.3% of the GDP between 2008 and 2015, and was 1.4% in 2016-17 against the average of 6%. globally. Out of pocket expenditure out of total expenditure done by citizens themselves in India is nearly 70%, which is very high in comparison with countries world over.

Dependence on Private Healthcare

The plan accommodates programmed empanelment of public emergency clinics or government-run emergency clinics. The recipients might not want to select or incline toward public/government medical clinics for their therapies. The plan accommodates fixed rates or bundle rates for explicit medicines and medical procedures. Further private medical clinics will be more joyful to treat clients from outside the plan as they can charge more than fixed bundle rates from them. The helpless plan recipients may stay second need or peons for private wellbeing suppliers under the plan.

Poor Existing Healthcare Infrastructure in India

India has just over one million allopathic doctors to treat its population of 1.3 billion India has a bed to patient ratio of 0.9 i.e. 0.9 beds per population. We are creating demand for healthcare services by this scheme but there is not enough supply in terms of health infrastructure to cope with the demand.

Inadequate Funds allocated for setting up Health and Wellness Centres (HWC's)

The scheme envisages setting up and upgrading 1.5 lakh, HWC's centres to cater to medical treatment need of its centres. 1200 crores have been allocated under the scheme for the purpose. The amount is grossly inadequate for the number of centres it seeks to establish.

Rejection of the scheme by certain states

20 States have already signed up to administer the scheme in their states. States with existing schemes of their own will have either to converge their schemes into AB-NHPM or subsume the scheme afresh. West Bengal, Karnataka, Orissa has kept out of the scheme and plan to have their own scheme. What is common among these states is the party at the centre does not rule these states. Going

forward there is a possibility of opposition parties winning in other states and rejecting the scheme. This will hamper the success of the programme.

Faulty Coverage's proposed in the scheme

By covering pre-existing diseases from Day one and putting no cap on the age of beneficiaries, government through the scheme features has prepared a dangerous cocktail to swallow for the insurance companies. This will be a high-risk pool of participants, which are bound to increase the loss ratios of private insurers affecting their profitability. Considering the fact, the earlier schemes of low-cost life insurance and personal accident insurance Pradhan Mantri Jeevan Jyoti and Suraksha Bima Yojna respectively have an upper age limit of 55 years and 70 years

respectively([https://www.researchgate.net/publication/326722667_Ayushman_Bharat-](https://www.researchgate.net/publication/326722667_Ayushman_Bharat-National_Health_Protection_Mission_a_way_towards_Universal_Health_Cover_by_reaching_the_bottom_of_the_pyramid_to_be_a_game_changer_or_non-starter)

[National_Health_Protection_Mission_a_way_towards_Universal_Health_Cover_by_reaching_the_bottom_of_the_pyramid_to_be_a_game_changer_or_non-starter](https://www.researchgate.net/publication/326722667_Ayushman_Bharat-National_Health_Protection_Mission_a_way_towards_Universal_Health_Cover_by_reaching_the_bottom_of_the_pyramid_to_be_a_game_changer_or_non-starter)).

8. KEY DISCUSSIONS AND CONCLUDING REMARKS:

The strength of the populace altogether influences both social turn of events and financial advancement. Given the significance of wellbeing for human prosperity and social government assistance, it is critical to guarantee impartial admittance to medical care benefits by distinguishing need zones and guaranteeing enhancements in the nature of medical care administrations. Today, the Indian government spends only about 1 percent of its GDP on healthcare, which is among the lowest globally for any country. The private sector has been engaged with building the medical services framework in the country, with dynamic cooperation from private value players and expansion in FDI. In any case, to meet India's expanding medical care needs, both people in general and private area should hold hands to construct framework and the ranges of abilities needed to convey care. This implies that ordinary methods of medical services financing should be helped by inventive methods of subsidizing to improve medical services speculations. The public authority should assume a basic part as an impetus by making an empowering environment which draws ventures from both domestic and global players. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB - PMJAY) has been most talked about health sector scheme in recent

times. Given the scale and ambition of the scheme – with its target group larger than the combined population of Canada, the United States and Mexico – it is not surprising.

The following features of the scheme seek to ensure effective coverage for catastrophic health expenditure. The health benefits cover in the scheme has been kept at Rs. 5,00,000 which is sufficient to take care of almost all hospitalization conditions. Second, the benefits package covers almost all health conditions that require hospitalization/daycare surgeries. Third, the provider payment system has been designed to cover all costs related to hospitalization and ensure that the patient does not need to pay anything. The government is committed to increasing the budgetary allocations to 2.5% of GDP by 2025, AB-PMJAY currently costs less than 0.1% of GDP and will not cost more than 0.2% of GDP even when it matures in next few years. Ayushman Bharat has put India on an irreversible path towards universal healthcare.

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