

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana And Its Crucial Impact On Human Health During The Time Of Covid-19 In India

DHRUBAJIT GOGOI, AMANISHA BORAH, ANISUR RAHMAN KAUSAR, ANTARA SAIKIA, DIPANKAR PARASAR

DOI: 10.47750/pnr.2022.13.510.341

Abstract

Covid-19-a heinous event that had left an eternally unforgettable scar of troubles, setbacks and distress on the entire human population across the globe. No country could evade from the unfavorable consequences of it. All countries across the world found themselves engulfed in the hands of Covid-19. It had taken a serious toll on the healthcare system of every country across the world. In the context of India, which is a nation with a poor coverage of public healthcare facilities and annually 3.2% Indians falling below poverty line, made the country and its population the most vulnerable. During that time, the biggest question arose was the survival of the marginalized and disadvantaged section of the society. However, fortunately a tiny hope of survival for the population of India was ensured and extended by the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). Thus, the authors of this research paper have attempted to figure out and critically examine the role played by AB PM-JAY in not only managing but also mitigating the outbreak of the virus in India and how it helped Indians sail through the storm of Covid-19. Besides, this paper tries to put views forward through analysis for the policy makers and healthcare stakeholders to become well-prepared for any such troublesome crisis in future. Moreover, secondary data is used to collect necessary information and critical descriptive analysis has been used to interpret the results of the study.

KEYWORDS Ayushman Bharat, PM-JAY, COVID-19, Healthcare, Health Insurance, India

INTRODUCTION

India has a multi-payer universal health care system that is paid for by the combination of public and private health insurance funds. The public hospital facility is essentially free for all people of India except for small, often co-payments in some services. A national funded health insurance program was launched at federal level in 2018 by the Government of India, named as National Health Protection Scheme. This program aimed to cover the bottom 50% of country's population engaging in the unorganized sector and provides them free treatment at hospitals. People working in organized sector and monthly earning up to Rs 21,000 are covered by the Scheme of Employee's State Insurance which offers healthcare services.

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched by Prime Minister Narendra Modi in September, 2018. It is an aspiring reform to the Indian health system which seek to provide health protection for 500 million of the most vulnerable people through various insurance models delivered by public and private providers. PM-JAY is the largest health assurance scheme providing health facility of 500000 INR (about USD 6,800) per family for every year. This scheme encapsulates the improvement towards promotive, palliative and

rehabilitative dimensions of Universal Health coverage. Although India is inherently disadvantaged during covid-19 pandemic, but the PM-JAY has taken various steps in response to the covid-19.

FEATURES OF AYUSMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

- PM-JAY is the world's largest health assurance scheme fully financed by government.
- This scheme provides Rs 5 lakhs per family per year for the secondary and tertiary care hospitalization of public and private hospitals in India.
- Over 10.74 crore poor and vulnerable families are eligible for these benefits.
- This scheme provides cashless access to health care facilities for the Beneficiary at point of service ie hospital.
- This scheme covers up to 3 days of pre-hospitalization and 15 days of post-hospitalization expenses.
- There is no restriction on the family age, size or gender.
- All pre-existing conditions are covered from day one.
- Benefits of PM-JAY are portable across the country ie beneficiary can visit any enlisted public or private hospital in India.

OBJECTIVES OF THE STUDY

- To find out the relevance of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana during covid-19 pandemic in India.
- To suggest policy makers regarding creating a robust ecosystem of health care services in the country in post covid India.

METHODOLOGY

The present study is descriptive in nature. The study is based on secondary sources. The relevant data have been collected from the Government official websites like National Health Portal, National Health Authority and also from research paper, magazine, conference paper etc.

REVIEW OF LITERATURE

1. **Lahariya (2018)** describes the pathway established by the PM-JAY Yojana and gives an overview of all the terms and conditions of the scheme. The main health issues that prompted the development of this policy are outlined in the opening paragraphs of this article, along with the requirement for funding and adjustments to account for inflation and growth. It discusses the plan being looked at for creating 150,000 health and wellness centres by the year 2022 in order to provide complete primary health care. A SWOT analysis of ABP and how it seeks to offer financial protection for secondary and tertiary level hospitalisation as part of the National Health Protection Scheme (NHPS) is also included in this paper [1].
2. **Angell et al.(2019)** analyses and gives crucial replications, suggestions, and a path ahead for successful and speedy implementation of the Ayushman Bharat Program. The design and execution of ABP must be done correctly from the start in order to be effective and efficient in producing the intended results. The initiative might be a step towards reforming the Indian healthcare system and moving India closer to achieving universal health coverage if completely implemented and reinforced with other interferences [2].
3. **Gupta et al. (2019)** reviewed that the research based on "AB-PMJAY" provides a crucial analysis of the full scheme and all of its parts in a single document. This work was authorised by the PM-JAY office. From the government's perspective, it offers insightful information on the demands and application of the policy. This political article also discusses the shortcomings of the nation's decentralised healthcare system, which

was set up by previous administrations, and how it has been rectified. This document serves as the foundation for all review papers and information disseminated to the public [3].

4. **Sharma et al. (2020)** emphasises the circumstances under which ABP helped the nation throughout this epidemic. The Government of India has decided to cover COVID-19 testing and treatment under PM-JAY. This action gave the bottom 40% of the population access to free diagnostic testing in private labs and free illness treatment in hospitals (including private) empanelled under the programme. The decision to offer free COVID testing and treatment as part of the PM-JAY was accelerated in response to the increasing incidence. The study details all of these situations when PM-JAY helped with COVID-19 testing and therapy. The report also focuses on the potential implementation-level drawbacks of this pandemic plan [4].
5. **Suneela Garg et al. (2020)** under the Ministry of Health & Family Welfare emphasise the necessity for upgrading the present healthcare schemes post-COVID-19, to not only recover from the pandemic's consequences but also to prepare ourselves for any similar scenarios that may occur in the future. It focuses about how AB-PMJAY should be improved to make sure that it is ready to meet any surge of medical needs during health emergencies or pandemics. Healthcare staff and the public healthcare system should have a dedicated epidemiology division with trained personnel and technology to ensure that the country is adequately prepared in the event of a future pandemic [5].
6. **Suneela Garg et al. (2019)** discovered that this research focuses more on the constraints of the healthcare system and the system's deficiencies in combating the COVID-19 Pandemic. Additionally, it discusses how the system may be made better all-around and in connection to handling the epidemic and also what steps may be made to strengthen present healthcare systems so that they are better prepared to manage any pandemic crises that may happen in the future [6].
7. **Bhaduri Soham (2020)** emphasised that, in addition to programmes for free testing, treatment, and transportation, the pre-existing infrastructure and basis of the programme served as a framework for managing the present outbreak. Ayushmann Bharat provides a comprehensive health care package that covers over 1500 secondary and tertiary medical treatments. The plan was already pre-equipped with complete packages to cope with such a sickness on a broad scale population of ours before COVID-19 was officially proclaimed a pandemic. This was highlighted when the NHA offered free treatment for the infection. Also, the manner of functioning demonstrates the scheme's adaptability in handling an unexpected situation. This can be appreciated in terms of flexibility given to states for modifying health care; as noted above under Testing and Treatment of COVID-19.
8. **Nagarkar (2020)** discusses how the lockdown has had a significant impact on the family economics of elderly persons who live in rural regions and work as agricultural workers and daily wage earners. They lack social security protections, and many are not covered by the Ayushman Bharat insurance plan. The majority of them are dependent on minimal government and volunteer assistance, which occasionally slips their minds. While the younger generation is working in major centres, a sizable number of senior individuals are left behind in the rural.
9. **Gauttam Priya et al. (2021)** discovered that the technique made a ready-made kit for detecting COVID-19 accessible. The costs and kinds of this package were in accordance with the Indian Council for Medical Research's requirements (ICMR). The empanelled centres were instructed to test beneficiaries for COVID-19 on the basis of a competent physician's prescription (as per ICMR standards) at laboratories deemed by the National Accreditation Board for Testing and Calibration of Laboratories (NABL), which has defined real time assay to test COVID-19. They were also advised to adhere to testing methods established by the Ministry of Health and Family Welfare, Government of India (MoFHW) and state governments. The

standards and its revised updates can be observed in the communications of the NHA to the empanelled institutions [9].

ROLE OF AYUSHMAN BHARAT- PRADHAN MANTRI JAN AROGYA YOJANA DURING COVID-19

It is seen that government expenditure on health is too low, which is nearly around 1.5% of its national income. It can hardly meet the expenses of every medical facilities to its citizens. Some statistics has revealed that 52% households in urban areas and 49% household in rural areas avail the private hospital facilities as an instrument of healthcare. It is been estimated that this increase expenditure on health is one of the main cause of poverty. To provide relief to the citizens Prime Minister Narendra Modi on 23 September 2018 launched a national health protection scheme called Ayushman Bharat Pradhan Mantri Jan Arogya yojna which will cover poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. In times of health crisis faced nationwide and globally during Covid-19 this scheme has helped to a large extent. National health authority Ministry of Health and Family Welfare have decided to provide necessary support to states/UTs providing beneficiaries all aspects of treatment such as drugs, medicine, oxygen, testing under this scheme. As on 23rd may 2020- total of 21,573 hospitals dealing under this scheme. Among these 56% of the hospitals were public and the rest were private. Almost 51% remained active in last 3 months before the end of lockdown. AB-PMJAY has dealt partnership with Uber India, an app based taxi service so that patients and frontline workers can be brought to the hospital in time, which has helped very much in the pandemic. without this scheme it would have been next to impossible to mitigate the health crisis faced nationwide. Under this scheme many healthcare data has been generated which analyses and predict or understanding into something or why it is happening which ultimately prepare itself to face problems that may arise in future and better deal with the situation. Under PMJAY many private hospitals were covered, infact 50% of them were private, which made easily accessible to everyone. Many incentives have been provided to private hospitals so that they can facilitate the people in more efficient ways. Since its establishment of AB-PMJAY, it authorized nearly 1.26 crore hospital admission as of 21.9.2020 out of which 5.13 lakh hospital admission have been dedicated towards testing and treatment of Covid-19. Although health is a state subject but Central government has asked all the states to implement this scheme. But some of the states and Union territory were not willing to accept. States like West Bengal has initially used the scheme for one year after its enforcement but later on it has withdrawn to use the scheme. States like Odisha and Telengana has also refused to implement the scheme. National Capital Delhi has its own health scheme called 'Delhi Arogya Kosh' scheme which provides all free treatment services to its citizens with no amount limit. Therefore it has refused to implement the AB-PMJAY scheme in the national capital.

Drawbacks of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana:

1. Limited Coverage

The scheme fails to cover the poor and vulnerable people of those regions. The target of the scheme is to cover poor and vulnerable section of the society. But the total accomplishment under this ground is yet to go a mile.

2. Lack of awareness in rural and backward regions

Ayushman Bharat Yojana is complete digital and paperless program. But in India due to illiteracy, proper knowledge or due to lack of awareness, many people in rural and backward regions are being unable to access the services of the scheme in spite of the great need of it.

3. Misuse of the Ayushman Bharat Pradhan Mantri Yojana

It is the largest health care scheme of India. But there is a probability of the scheme getting misused. The scheme is linked with insurance companies and the government allocates funds to the insurance companies to make payment of the hospital bills of the beneficiaries. But there is a chance that private hospitals and insurance companies increase the bill amount selling unnecessary medicines and showing fake bill and there by indulging in unethical practice. Besides, there is no limit of generating Ayushman Bharat card for one family. So there is a chance of generating more Ayushman Bharat Card than what is needed. The National Health Authority delisted 171 hospitals that are associated with PM-JAY scam and many more to mention.

4. Insufficient allocation of fund in health sector

Ayushman Bharat Yojana covered almost 50 crore of Indian population. Under its first component, 150000 health & wellness centres would be created to deliver comprehensive Primary Health Care Services that means they are universal and free to users. The second component is to provide health insurance coverage of Rs. 5 lakhs per year to over 10 crore poor and vulnerable families that are in search of secondary and tertiary care. However funding is not sufficient to cover all these families.

5. Privacy issues

The data of the beneficiaries under the scheme is easily available in nearby wellness centres, and any individual can see the beneficiary list and other related information, which is not a right thing to do and these are such things which should be kept confidential.

SUGGESTIVE MEASURES

The AB PM-JAY, as a scheme to enhance people's accessibility to health care services not only during Covid-19, even in general, has impacted significantly. Sailing through a crisis some situation like Covid-19 would not have been possible for a country like India, especially to provide health care relief, had it not there be in place. However, to make it more effective and to derive more favorable outcomes, a few points could be put forward as suggestive measures as follows-

- Efforts should be extended to encompass far-flung and remote regions of the country to help people extract the fruits of the scheme. Because, it is seen that people living in such regions often remain unaware about such public sector initiatives.
- Stakeholders of public sector and private sector hospitals and health care system should work at similar pace and with same level of commitment to help beneficiaries access to the health care facilities. This is because private health care system often indulges in unethical practices.
- Proper framework of governance and financing mechanism should be made robust enough to be more prepared and responsive for any such crisis in the future.
- Policymakers should give preferences to avail primary and preventive treatments just like it is availing secondary and tertiary health care facilities to the beneficiaries.
- Public sector authority should also be more vigilant towards the misuse that is happening with the scheme. And efforts should also be made to protect and keep the records and data of the scheme confidentially, as easy availability of such data in public health centers may cause unwanted events that could have an unfavorable impact on the lives of people and on the government as well.

CONCLUSION

Ayushman Bharat has made a significant contribution to the control of the COVID-19 epidemic in India. It would be difficult to organise treatment and testing on such a large, centralised scale without its health infrastructure. Following

an in-depth data analysis, there has been a deep understanding of the magnitude of this programme and how it impacts are not one-dimensional, but rather spread extensively throughout many distinct parts of India's healthcare system.

After examining the number of patients hospitalised during the second wave of the epidemic, it was discovered that the Ayushman Bharat plan was quite effective. Young and old people are equally served under the Ayushman Bharat Yojana. In general, it was discovered that consumers were using this programme more through private institutions with enrolled status for COVID - 19 treatments. Using a straightforward app called ABHA (Ayushman Bharat Health Account), the Ayushman Bharat Digital Mission (ABDM) has been the backbone linking all the healthcare institutions in the nation and making them easily available to all Indian residents.

AB-PMJAY is an entitlement-based scheme. The entitled beneficiary may directly visit any empanelled hospital (public or private) for availing treatment. However, to increase health awareness amongst beneficiaries, Ayushman cards are issued to them.

Few necessary steps must be taken to improve the scheme:

- (i) Offer each of the target states for the analysis state-specific advice to help them recover normality and increase scheme acceptance.
- (ii) Conducting a micro analysis at the procedure level to trace the impact in detail.
- (iii) A detailed investigation to the district/block level is necessary to give actionable insights.
- (iv) Hospital Planning by carrying out a capacity assessment analysis (using NHRR data) to find providers who can be appointed to extend the AB PMJAY provider network in areas/regions where supply has been constrained for a number of reasons.
- (v) It is crucial to harness the private healthcare industry's expanding potential in addition to significantly enhancing the infrastructure and standard of care provided in public hospitals if we want to guarantee that the world's poorest and most vulnerable people have access to essential healthcare.

As part of the Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana, the National Health Authority has been helping States and UTs provide all eligible beneficiaries with free COVID-19 testing and treatment (AB-PMJAY). It is also essential to keep an eye on the standard of treatment and ensure that it is suitable, as well as to provide hospitals with a clear set of guidelines so they may inform their staff and clients about preventative measures and ensure their safety during this epidemic.

Initially, COVID-related treatment was provided using pre-existing treatment plans when the COVID-19 pandemic first broke out. Later, specialised COVID-19 testing and treatment packages were produced. Many state governments made the decision to provide free COVID-19 testing and treatment to all citizens. Some of them made it free, while others took advantage of the Ayushman Bharat PMJAY ecosystem, which includes the NHA's IT infrastructure. Both the general and COVID-19-specific packages of AB-PMJAY contain COVID-19 therapies. To ensure that COVID19 and non-COVID19 cases do not mix, hospitals should be given clear instructions on how to evaluate and treat incoming patients. These instructions should also be displayed publicly for the benefit of all patients and visitors. Patients will be able to hold doctors responsible and will be less concerned about acquiring the illness in institutions.

REFERENCES

1. Lahariya Chandrakant. 'Ayushman Bharat' program and universal health coverage in India. Indian pediatrics. 2018.
2. Angell BJ, Prinja S, Gupt A, Jha V, Jan S. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance. PLoS Med. 2019.
3. Gupta I, Chowdhury S, Roy A. Ramandeep Ayushman Bharat: costs and finances of the Prime Minister's Jan Arogya Yojana. Econ Polit Weekly. 2019.

4. Sharma Anubhuti, Arun K Aggarwal. The Role of Pradhan Mantri Jan Arogya Yojana in managing COVID-19 in India. International Journal of Health Systems and Implementation Research. 2020.
5. Ministry of Health & Family Welfare, National Health Authority, Government of India. Press Release: Testing and treatment of COVID -19 now available for free under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. New Delhi; 2020.
6. Suneela Garg, Nidhi Bhatnagar, et al. Strengthening public healthcare systems in India; Learning lessons in COVID-19 pandemic. Journal of Family Medicine and Primary Care. 2020;9.
7. Bhaduri Soham D. Post-COVID healthcare reform in India: What to expect?. Journal of Family Medicine and Primary Care. 2020.
8. Nagarkar Aarti. Challenges and concerns for older adults in India regarding the COVID-19 pandemic. Journal of gerontological social work. 2020.
9. Gauttam Priya, Patel Nitesh, Singh Bawa, Kaur Jaspal, Chattu Vijay K, Jakovljevic Mihajlo. Public Health Policy of India and COVID-19: Diagnosis and Prognosis of the combating response. Sustainability. 2021.
