

Editorial

Ayushman Bharat Yojana: a memorable health initiative for Indians

Rohit Dhaka, Ramesh Verma*, Ginni Agrawal, Gopal Kumar

Department of Community Medicine, Pt B D Sharma PGIMS Rohtak, Haryana, India

*Correspondence:

Dr. Ramesh Verma,
E-mail: drrameshverma69@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

India is one of the developing countries in the world having 1.3 billion populations, of which 70% and 30% population lives in rural and urban area respectively. Currently, India is in a state of epidemiological health transition i.e. India is facing dual health problem of communicable diseases as well as non communicable diseases which remain a threat to health and economic security. This health transition is due to change in demography of population, global warming (globalisation and urbanisation), changes social and economic determinants of health. In India, many people are dying because of lack of access and poor quality of medical treatment. In this developing country, day by day the expenses on healthcare are increasing especially in people living in rural areas and in smaller urban towns and the annual health-related expenditures ranged from a few hundred rupees to a maximum of 10 lakh rupees. Also, in these areas the individual are travelling long distances to access and avail the comprehensive health care services.¹

In India, the average annual total medical expenditure is about Rs.9,373 according to India Consumer Economy 360 Survey. Average annual expenditure on health is Rs 13,198 by household in towns (<1 million populations) while Rs. 11,387 medical expenditure for a Metro household and Rs. 6,371 for an underdeveloped rural household. It is seen that due to financial constraints, the 30% of the rural population did not avail any medical treatment and in most of hospital admission in rural or urban area, the people are paid by either by taking loans or sale by their assets. The India, the health profile report released by WHO in 2014 shows that because of high Out Of Pocket (OOP) expenditure, the annually 3.2% Indians falling below the poverty line and also the report pointed out that three forth Indians spending their entire income on health care and purchasing drugs.²

Insurance Regulatory and Development Authority (IRDA) said that in the year 2017, 76% of the population

do not have any health insurance that put financial burden to family that results in high rate of out of pocket (OOP) expenditure on health. On the basis of above facts, the government of India announced a Ayushman Bharat Yojana- National Health Protection Scheme (AB-NHPM) in the year 2018 that will be rolled out across all states/UTs in all districts of the country. The aim of this programme is to providing a service to create a healthy, capable and content new India and it has two goals: 1. To creating a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services; 2. To provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services. Under this scheme all types of medical treatments will be provided except organ transplantation for those eligible families.²

The benefit cover will also include pre and post-hospitalisation expenses and there will be no restriction on the size and age of the covered beneficiary family The payment for medical treatment will be done on package rate (to be defined by the Government in advance) basis. The package rates will include all costs associated with treatment and transactions of money to the beneficiary will be paperless and cashless. The beneficiaries can avail benefits in both public and empanelled private hospitals. The estimated cost for the scheme is about Rs.250 billion over 2018-19 and 2019-20 years for both centre and states. One of the core principles of AB-NHPM is to co-operative federalism and flexibility to states.

This scheme will cover poor below poverty line (BPL) families, deprived rural families and identified occupational category for urban families as per 2011 Socio-Economic Caste Census (SECC) data. This scheme will be covering over 10 crore families (approx. 50 crore citizens) across the country with a health insurance coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization.

This scheme clearly defined the deprivation criteria for rural BPL families or deprived rural families. These criteria are: families with only one room with kucha walls and kucha roof, households without shelter, destitute, living on alms, manual scavenger families, primitive tribal groups, legally released bonded labour, families with no able-bodied adult member; SC/ST households, families with no adult member between the ages of 16 and 59, to female-headed households with no adult male member between the ages of 16 and 59. For urban areas, 11 defined occupational categories are recognized.³

AB-NHPM will be implemented through on-going centrally sponsored health insurance schemes like Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS). This insurance scheme would provide strength to the poor and deprived classes in the society which could not afford secondary and tertiary care.

This Yojana will be implemented through Health and Wellness Centres that are to be developed in the primary health centre or sub-centre in the village and that will provide preventive, promotive, and curative care for non-communicable diseases, dental, mental, geriatric care, palliative care, etc. These centres would be equipped with basic medical tests for hypertension, diabetic and cancer and they are connected to the district hospital for advanced tele-medical consultations. The government has aims to set up 1,50,000 health and wellness centres across the country by the year 2022.²

The strategies to implement the AB-NHPM are:

- At the national level to manage, an AB- NHPM would be put in place. States/ UTs would be advised to implement the scheme by a dedicated entity called State Health Agency (SHA). They can either use an existing Trust/ Society/ Not for Profit Company/ State Nodal Agency (SNA) or set up a new entity to implement the scheme.
- To ensure that the funds reach SHA on time, the transfer of funds from Central Government through AB-NHPM to SHA may be done through an escrow account directly.
- States/ UTs can decide to implement the scheme through an insurance company or directly through the Trust/ Society or use an integrated model.
- State Governments are allowed to expand scheme both horizontally and vertically. They are also free to choose modalities of its implementation. They can implement through insurance company or directly through Trust/ Society or a mixed model.

This scheme will have major impact on reduction of OOP on ground of:

1. Increased benefit cover to nearly 40% of the population, (the poorest & the vulnerable)
2. Covering almost all secondary and many tertiary hospitalizations.
3. Coverage of 5 lakh for each family, (no restriction of family size or age)

The expenditure incurred in premium payment will be shared between Central (60%) and State Governments (40%) in specified ratio as per Ministry of Finance guidelines in vogue. The total expenditure will depend on actual market determined premium paid in States/ UTs where AB-NHPM will be implemented through insurance companies. In States/ UTs where the scheme will be implemented in Trust/ Society mode, the central share of funds will be provided based on actual expenditure or premium ceiling (whichever is lower) in the pre-determined ratio.³

Beauty of the scheme is that the beneficiaries can avail of services anywhere in India i.e. a eligible card holder family from Haryana can get surgery done even in Tamil Nadu. Ayushman Bharat scheme will lead to timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, job creation thus, leading to an improvement in the quality of life.

REFERENCES

1. The wire. Health. Inadequate Public Expenditure Means Indians Spend More Than They Earn On Healthcare. Available at: <https://thewire.in/health/healthcare-india-development>. Accessed 20 May 2018.
2. Press information Bureau Government of India. Ministry of Finance. Ayushman Bharat for a new India -2022.
3. Ayushman Bharat (Yojana) Programme 2018-22. Available at: <https://www.Letsstudytogether.co/latest-government-schemes-sarkari-yojana-ayushman-bharat-yojana/>. Accessed 19 May 2018.

Cite this article as: Dhaka R, Verma R, Agrawal G, Kumar G. Ayushman Bharat Yojana: a memorable health initiative for Indians. *Int J Community Med Public Health* 2018;5:3152-3.