

Ayushman Bharat: An Ethical Analysis of the World's Biggest Health Scheme

ABSTRACT: An affordable health scheme has been always required by the Indian people. Even after passing 74 year of the Indian independence, quality healthcare has not been accessible to the Indian people. The data have shown out of the vast population of India only 25 percent of people insured under the private and government insurance scheme. To overcome this problem Indian government has launched the Ayushman Bharat scheme on 25 December 2018 on the occasion of the birth anniversary of Pt. Deen Dayal Upadhyaya. The Ayushman Bharat is the Hindi translation of "India blessed with long life". This scheme is the biggest health care scheme of the world which covers the huge population of the India and covered population under this scheme is more than 100 million. The scheme has categories into the primary, secondary and tertiary care domain to address the health related problems of the people and most important and fascinating feature of the scheme is that a beneficiary avails the facilities in government hospital along with private hospitals.

Comment [M1]: In the summary, it is necessary to visualize the ethical aspect.

KEYWORDS: Ayushman Bharat, PradhanMantri Jan Arogya Yojana (PMJAY), Health Insurance, India, Universal Health Coverage.

Comment [M2]: In keywords they can include the word ethics and use descriptors from the MESH

INTRODUCTION

India is a big country with a huge size population and a good health system is a necessity of the Indian people that is affordable and easily accessible. Till now, health infrastructure in India is good but not accessible to all people because of the weak planning to accommodate all the people irrespective of their income and social status. A significant part of the population lives in the rural area where health care facilities are not so good and people have to move towards the cities in order to avail the modern medical treatment or even rural people sometimes have not been able to avail the basic treatment for the critical disease[1].

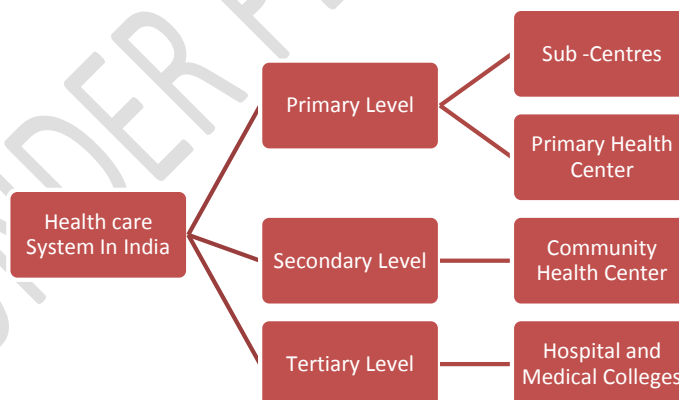


Fig.1: Classification of Health Care System in India

The whole health care system has been divided into three levels as shown in Fig.1. The primary level of the health care system comprises the small governmental clinics which aim to cover small locality and provide the treatment for the most of the common diseases. The secondary

levels of the health care comprise the community centre and third level of the system includes the big hospitals and medical hospitals. The other problem with the Indian health care system is the short fall of the medical practitioner as shown in Fig 2. The Indian people have different level of the earning and eventually their earning decided their social and living standard. Their accessibility to the medical facilities and good medical practitioner also depends upon their band of earnings.

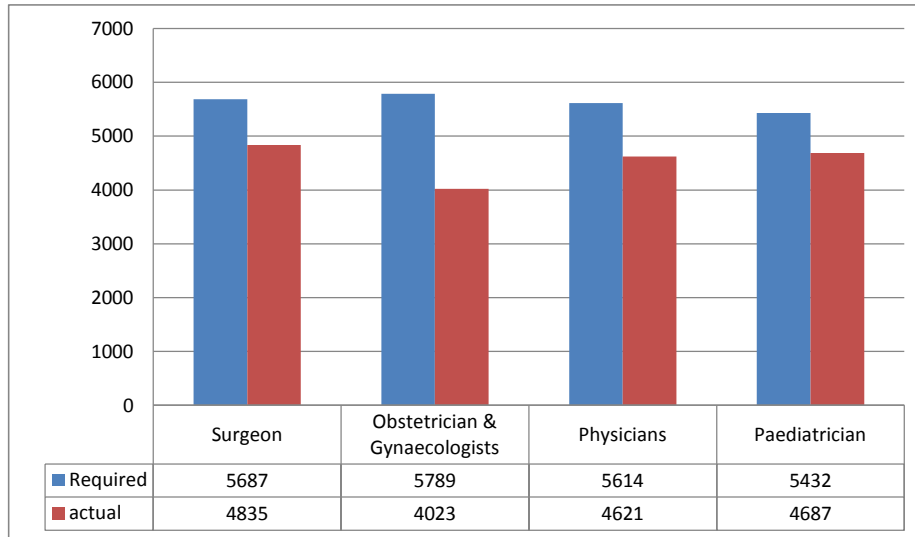


Fig.2: Shortfall of the Medical Practitioner in Different Field Of Medical Science[2]

The health care system in India has a vast network but in absence of a string and inclusive framework, all people are not able to get the good medical facilities (Fig.2). There is always needed an insurance system that can be facilitated all people for their medical expenses and provide them a good infrastructure in order to accessibility of the medical facilities. The expenses of the public health system have been taking by the tax collection and facilitate by the budgetary system of the state. While the private health care system depend upon the pocket expenses of the patients itself. Apart from this state and central government also run individually a health scheme for their employees. The central government facilitate their employee through the Central Government Health Scheme (CGHS) and this is mainly depends upon the tax revenue. On the same way state government run the Employees State Insurance Scheme (ESIC), which run on the tri- partite contribution as the a fix part of revenue shave been contributed by the employer, employee and the state government.

Comment [M3]: Locate it correctly

Given the availability of public health care, the private health sector provides a large part of health care sector (about 71 percent). Data from the National Sample Survey Organization (NSSO) performed in revelations that in private sector hospitals, approximately 75% of hospitalizations in urban regions and 65% in rural regions occur. This contributes to significant out-of-pocket expenditures[3]. The major reason of catastrophic expenditures and reforms in many households in India is out-of-pocket health care spending. At around 1.4 percent of GDP,

public spending on health sector is quite low. This, combined with rising private sector health care costs, has rendered specialty health sector inaccessible for more than 35% of the Indian inhabitants living under the poverty criteria.

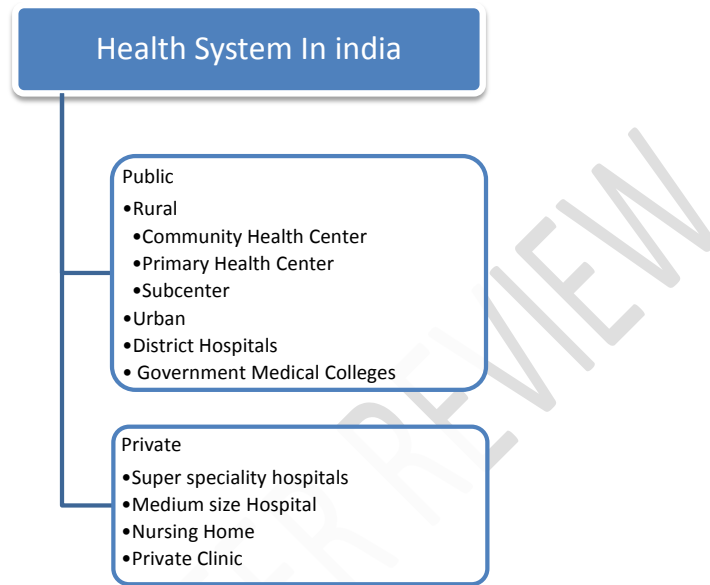


Fig.3:Classification of the Health Care in Rural and Urban area

A number of initiatives have been taking from the 2005 in order to improve the health status of the people and National Rural Health Mission has been launched by the central government to address the medical related problems of the people living in the rural area (Fig.3). Many initiatives have been taken under this scheme such as the development of the infrastructure, availability of the equipment and medicine in addition to the basic vaccines apart from the strengthened the human resources. In this mission emphasis given on the infant mortality, maternal health, child immunization, improvement of the nutritional level and make the people aware about the hygiene. The results of the scheme were very encouraging and various health indicators improved in the rural area. Nevertheless, health concern costs related to secondary as well as tertiary health care sustained to remain high and poverty continued to remain inaccessible to many parts of society due to physical condition spending for complex life-saving treatments[4].

Restricted access, inadequate access, optimal or uncertain quality of wellbeing services as well as high pocket spending is some of India's main health problems. In addition to a worldwide dialogue to attain universal health coverage, these challenges exist in increasing admission to quality services at reasonable rates for all; and in era of rapid economic expansion in India. While Health Polic is completely aligned with worldwide debate, health is regularly not measured on political agendas and has historically been under funded outside policy

discourses[5]. The inadequate combination of inputs leads to a failure to provide the preferred health care as well as people are massively underused by the public health system.

The High-Level Expert Group (HLEG) on Universal Health reporting in 2010 issued planned recommendations in order to meet the uncovered communities and make worldwide Health reporting probable by increasing involvement with constricted private facilities in a public private model of partnership in health provision[6]. In 2017, the National Health Strategy was updated and updated, leading to three significant policy changes in the strategic procurement of services from the private health sector to UHC, shifting from limited primary health care to universal provision of primary health concern in health as well as wellness centre, and maintaining free medications, and emergency services instead of charging higher fees. In the same context, the finance minister of Indian government has announced about the Ayushmann Bharat in his budgetary speech in 2018.

REVIEW OF LITERATURE

Lahariya, Chandrakant has published a paper on 'Ayushman Bharat' agenda in India and studied that India's initiative for the national health policy is full associated with the guideline of the nationwide health coverage. Under national health protection scheme, Ayushman Bharat launched to facilitate the people in health sector. The primary benefit of the scheme is to cover the patient with Rs 5 lacs financial assistance. The scheme has covered the wellness and medical facilities apart from cover the targeted people under the National Health Protection scheme as well for providing better primary, secondary and tertiary health care. The people can avail the affordable and easily access medical facilities. The new agenda has attracted unparalleled public and media concentration and is credited to a higher agenda for health. This analysis paper analyses and offers critical reflections, recommendations and ways forward to incorporate the Ayushman Bharat program rapidly and efficiently[4].

Comment [M4]: Locate it correctly

Vijayaprasad Gopichandran has studied that over the years in which usage is expected to increase; there is a lack of clarification on the budgetary requirements. In its current form, the Ayushman Bharat scheme expands the private health sector for benefit, requiring greater focus on controlling it. The structure, which has elements of primary, secondary or tertiary care, puts a strong focus on tertiary and secondary display aggressive and calls for increased investment in healthcare services as a whole. The potential ethical burdens of the programme are the possible problems of revenue supplier-induced competition and unethical activities by private providers. Universal provision of comprehensive healthcare services should first be discussed and eventually extended to medical benefits in order for Ayushman Bharat to adhere to the moral concept of justice. In order to avoid exploitation, the scheme also included provisions to strictly regulate hospitalisation in the private sector for healthcare services[7].

Saxena et.al studied about the research examines the relationship between obstacles that lead to patient dissatisfaction, overcharging for a medical treatment and high severity of disease among beneficiaries. The study uses records of RSBY insurance claims backed by the Chhattisgarh, India, and state post-hospitalization survey. To define causality and configuration of parameters leading to the result, it uses a fuzzy set of qualitative comparative analysis. The availability of medication is a required condition for the satisfaction of patients. For policymakers and implementers, the findings suggest identifying the segment that remains insecure under the scheme and gaining insights into the patient satisfaction parameters[1].

AYUSHMAN BHARAT- NATIONAL HEALTH PROTECTION MISSION

In the budget session of the 2018-19, the finance minister has announced in the parliament of the India about a umbrella scheme of the Indian government for the health care sector and this scheme was going to affect 10 crore people directly and up to 50 crore people indirectly(Fig. 5) . This flagship scheme of the Indian government was the Ayushman Bharat that is have the literal meaning is long life India. This is a first National health protection scheme of its kind in all over world by any government to facilitate the citizen of the country. Under the scheme up to 10 crore people directly benefitted belong to poor and vulnerable section of the society along with provide a financial assistance of up to 5 lacs in year for the treatment in secondary as well as tertiary level facilities of medical treatment(Fig. 4) .

Additionally, the schemes also have the provision to open the 1.5 lacs health center as the primary level of medical facilities and Rs 1200 crores has dedicated for the facilities. The scheme has been formerly inaugurated by the Indian prime minister in Ranchi, Jharkhand as Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM- JAY). The main target of the PM- JAY is to provide the better medical and related facilities to the poorest of the poor apart from the underprivileged[8]. The PM-JAY also ensure the 5 lacs assistanceto each family each year which have been falling under the guideline of this ambitious scheme and will be benefitted upto 50 crore people of different Indian states. The cost of the system will be jointly borne by the central as well as state governments in 60:40 ratios. The benefits given to the people in the Ayushman Bharat PMJAY have been shown in Fig.5.



Fig.4: Benefits of the Health Reforms in India

Furthermore, Ayushman Bharat's official website states that the introduction of the scheme for the poor and vulnerable sections of the country aims to ensure that the population has universal admission to quality health services devoid of the financial hardship of anyone as a result. In other words, the purpose of the system is to increase admittance to health care and medicine, in

Comment [M5]: Locate it correctly

particular to meet the population's unmet needs, which have remained secret because of the lack of financial resources. Therefore, this would lead to prompt care and improvement of health outcomes, thus improving quality and productivity. The union budget also stated that the scheme would lead to substantial job creation in the health sector, particularly for women.

However, it must be noted that the Ayushman Bharat National Health Security Scheme is not intended for the entire population, but for the selection of 10.74 crore families or approximately 50 crore population according to the poor and vulnerable sectors, based on the parameters derived from the latest Socio-Economic Caste Census. About 40 per cent of the Indian population is made up of 10.74 crore families[9]. Especially when the government needs to protect the "poor and vulnerable" portions of the society, we can treat the lower 40% of the population in terms of monthly per capita consumption expenditure (which is a well-accepted indicator of economic status or standard of living) of the NSS specimen as the possible target of a representative democracy for Ayushman Bharat for the purpose of analysis.

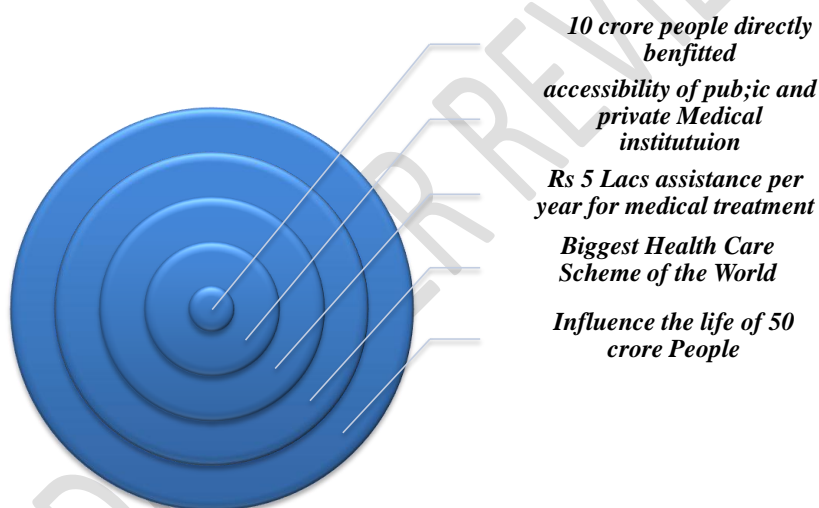


Fig.5: Benefit given to the People in PM JAY

Based on National Survey Sample (NSS) results, it shows the insurance coverage scenario of the bottom 45 % of the inhabitants. The table clearly indicates that the government insurance coverage of the bottom 45 % of the population is actually lower than that of the entire population. In India, for example, 16.3% of the population is covered by government insurance schemes, while the figure for the bottom 40 percent is 12.8 percent. This implies that, compared to the bottom 40%, the upper 60 % of the population have better insurance coverage. With regard to coverage for the bottom 40 % of the population, there is considerable inter-state difference, with states such as Andhra Pradesh , Telangana, Kerala covering a significant proportion of the bottom 40%, while other states such as UP, Bihar, Assam are obviously lagging behind.

CONCLUSION

The Ayushman Bharat is a determined scheme for health security planned by India's government to achieve. Understanding from the preceding framework indicate that it was not possible to achieve a number of of the essential aims of the plan, such as health care, universality of treatment, equality of access in addition to financial security. AB-PMJAY creates a rare occasion to boost the health of millions of natives and to eradicate the nation's greatest source of poverty. However, there are major challenges that need to be addressed to enable the Indian population to understand these benefits and make sure that the proposal makes a sustainable input to development towards health. Under the Sustainable Development Goals, it has become a primary driving priority for health around the world to enhance the health of the global populace and address the bane of medical-related hardship.

REFERENCES

- [1] N. Saxena, P. Singh, and A. Mishra, "A qualitative comparative analysis of healthcare Supply-Demand side barriers under the publicly funded health insurance scheme in India," *Indian J. Public Health*, 2019.
- [2] S. Sunitha and G. Gururaj, "Health behaviours & problems among young people in india: Cause for concern & call for action," *Indian Journal of Medical Research*. 2014.
- [3] W. Yip and A. Mahal, "The health care systems of China and India: Performance and future challenges," *Health Affairs*. 2008.
- [4] C. Lahariya, "'Ayushman Bharat' Program and Universal Health Coverage in India," *Indian Pediatr.*, 2018.
- [5] M. Pareek, "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," *Int. J. Adv. Innov. Res.*, 2018.
- [6] V. Mehta, "Ayushman Bharat Initiative: India's Answer to Universal Health-Care," *J. Med. Res. Innov.*, 2018.
- [7] V. Gopichandran, "Ayushman Bharat National Health Protection Scheme: an Ethical Analysis," *Asian Bioeth. Rev.*, 2019.
- [8] B. J. Angell, S. Prinja, A. Gupta, V. Jha, and S. Jan, "The ayushman bharat pradhan mantri janarogya yojana and the path to universalhealth coverage in india: Overcoming thechallenges of stewardship and governance," *PLoS Med.*, 2019.
- [9] H. Bakshi, R. Sharma, and P. Kumar, "Ayushman bharat initiative (2018): What we stand to gain or lose!," *Indian Journal of Community Medicine*. 2018.

Comment [M6]: Considering that the article refers to an ethical analysis of the health plan, it is suggested that in the conclusions, mention that ethical or bioethical aspects have been respected and which have not been covered in the current health system in India, taking into account various approaches: life cycle, gender, ethnicity, population and poverty, among others, always analyzed from the perspective of human rights. Bearing in mind that this health plan aims to promote access and universal health coverage and in light of the Sustainable Development Goals. Likewise, mention what would be the main ethical challenges that allow understanding, reflection and stance on the health of the Indian population so that this country is blessed with a long life. It partially responds to the objective of the study.

Comment [M7]: remove

UNDER PEER REVIEW

