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Research Article

Evaluating Ayushman Bharat's Contribution in Achieving Universal Healthcare and Equitable Healthcare: A Pathway to Sustainable Development Goals

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ABSTRACT

Sustainable development is a complex concept that integrates economic, environmental, and social aspects. It significantly influences public health, both directly and indirectly. The paper aims to explore the impact of Ayushman Bharat health insurance that was launched on September 23, 2018 for achieving universal healthcare which is one of the goal of sustainable development. By examining the latest studies and initiatives taken by the government in the healthcare sector the study has carried out a detailed SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of Ayushman Bharat to investigate the internal and external components influencing catastrophic health expenditure and promote equitable healthcare outcomes. The research examines long-term financial sustainability and impact on healthcare expenditure and how the policy's objectives and implementations contribute to or hinder the achievement of sustainable development goals. The study shows that insurance uptake in India's poor and a patient who is not having any insurance and also not a beneficiary of any public health programme incurs a large out-of-pocket expenses with each hospital visit, with the majority of the out-of-pocket expense going towards the purchase of drugs and outpatient visit.

Keywords- Sustainable development, Ayushman Bharat, Universal Healthcare, Healthcare expenditure, Health policy reforms

1 Introduction-

India, along with 193 other countries, agreed to embrace the Sustainable Development Goals at the United Nations in 2015 in order to eradicate poverty, preserve human nobility and wellbeing, safeguard the environment, and secure good life for all as a segment of the new global sustainable development schedule to be completed by 2030. Recognizing the deep link between health and development, the Sustainable Development Goals (SDGs) present an ambitious, comprehensive action plan for people, their prosperity, and the planet, aiming to tackle the inequalities that lead to poor health and development outcomes.
Managing sustainable growth and development in the global economy requires the strategic action plans for resolving the issues on economic, social and environment front. SDG Goal 3, "Promote Health and Well-being," is one of the seventeen goals outlined in the 2030 target for Sustainable Development endeavors to achieve universal health coverage, ensure financial risk protection and provide access to safe, essential, and high-quality healthcare services (UN, 2017). The Universal Health Coverage (UHC) movement attained further stimulus after being included as one of the targets of the United Nations' Sustainable Development Goals-3 (SDG-3) in 2015 (Figure-1). It is interweaved with other nine goals and carried by 13 targets enclosed a wide range of global and Indian health challenges, supporting equity and inclusive growth, and acting as a catalyst for change. Many low- and middle-income countries have launched specialized programs, mainly health

financing and insurance schemes, to advance their efforts toward achieving universal health coverage (UHC) (WHO, 2010).

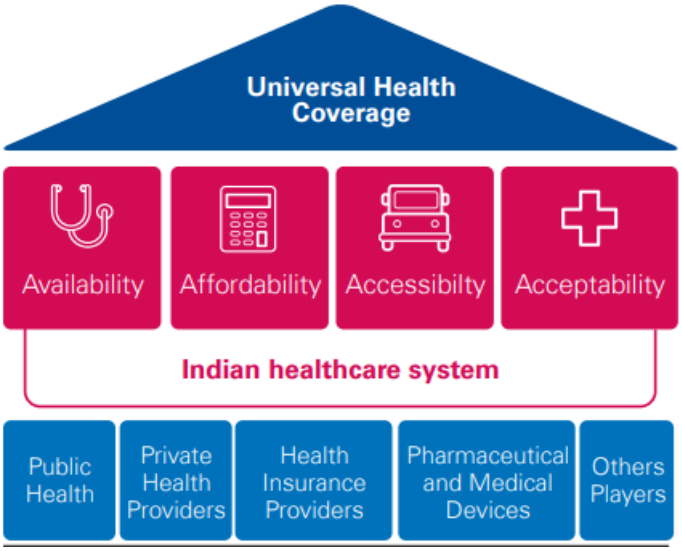


Figure 1- Key elements of Universal Health coverage

1.1 Healthcare challenges in India under sustainable Development-

Despite significant progress in health indicators such as infant mortality rate (IMR), life expectancy, and maternal mortality rate (MMR) as a result of increased perforation of healthcare services throughout the country, ample course of actions taken on health, sanitation drives, an rise in the units of public and private hospitals, improved immunization, increase in the literacy rate and other health indices, the journey towards a healthier country has only been covered partly as India is still facing key health challenges shown in (Figure 2). Catastrophic healthcare expenditure is rising due to less (4% of GDP) health care expenditure by the government, shortage of healthcare infrastructure and healthcare workforce.

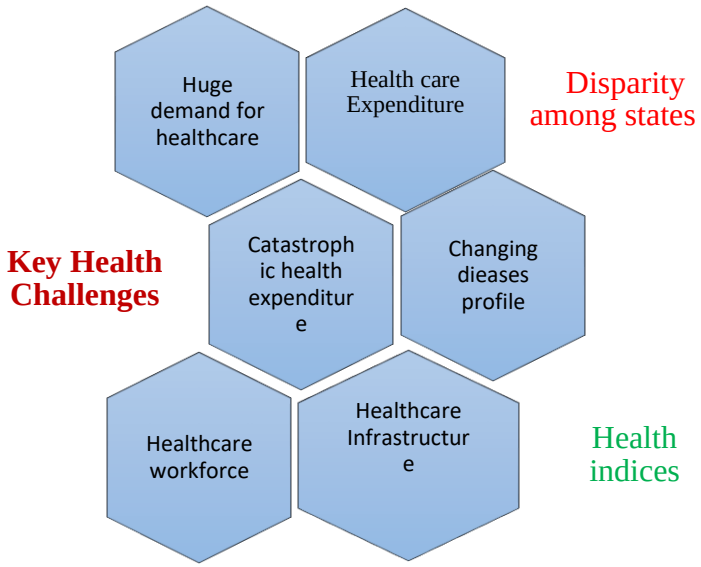


Figure 2- Key challenges of Public Healthcare system

In the context of the Sustainable Development Goals, India has also pledged to achieve universal health coverage (UHC) by 2030. High Level Expert Committee on UHC 2010 (HLEG.2010) established by Planning Commission has also recommended to increase the government expenditure on health by at least 3 % of GDP and also ensure the obtainability of requisite medicines for providing financial protection to the poor people. National Health Policy 2017 also established the need for universal health care as a national goal. The strategy argued for the provision of free and extensive primary, secondary, and tertiary care services across a crisscross of public hospitals or through strategic purchases from commercial providers, if needed (NHP, 2017). Many government-financed healthcare coverage plans have been implemented by the federal and State governments to impart health security to unguarded segments of society. In 2008, the federal Government established the Rashtriya Swasthya Bima Yojana (RSBY) that was quickly embraced by a large number of states.NowAfter that

under the vision of National health Policy 2017 The Union Budget announced the policy of Ayushman Bharat the world's largest Government Funded Health Insurance Scheme (Dubey, 2023).Addressing health inequalities is a crucial aspect of sustainable development, ensuring that everyone has an equal opportunity for a healthy life. Safeguarding people from the financial crunches of paying for health care out of their pockets minimize the risk of people becoming impoverished because uncertain illness forces them to spend their lifetime savings, borrow or sell assets, destroying their own and children's future. About 2 billion people are facing catastrophic impoverishment due to out-of-pocket expenditure (WHO, 2010).

2 Literature Review-

The foremost aim of the insurance schemes is to safeguard the people from OOP healthcare expenditure. Various studies also have accessed the effectiveness of the government funded health insurance schemes for reduction of catastrophic health expenditure and full filling sustainable development goal of good health and wellbeing.

(Mir & Singh, 2022) describes the challenges the Indian healthcare industry is facing in terms of sustainability and highlighting the progress made by India in bringing down infant mortality and maternal death rates, but also acknowledges the gaps in policy implementation at the ground level. It emphasizes the need for investments in healthcare and its allied industries, making healthcare more participative for other stakeholders (Gera et.al, 2018) also emphasized SDG's goals study can be used as a framework to achieve Universal Health Coverage (UHC) in India by adopting the use of innovative financing structures such as conditional co-payments to enhance access to health services and decrease out-of-pocket expenditures. Another study by (Karan et.al, 2014) found that the economic stress of out-of-pocket healthcare expenditure increased quicker among deprived groups than among advantaged groups. Although the poorest 20% have experienced a relative decrease in out-of-pocket healthcare spending on inpatient care as a proportion of household expenditure, this reduction is more likely attributed to avoiding inpatient care rather than benefiting from the recently expanded cashless public hospital insurance programs. (Bhojani, 2014) found that households spent greater than 10% of their income for outpatient visits and chronic conditions in a study conducted in Bangalore causing impoverishment among the poor people. (Xu, et.al, 2007) also found 150 million people suffer from financial hardships by conducting surveys in 89 countries that many countries whether rich or poor rely more on out-of-pocket healthcare payments due to unaffordability of charges for diagnosis and treatment. The study suggested for any pre-payment mode that can protect the households from financial hardships. (Selvaraj & Karan, 2012) did not find any significant reduction in the financial catastrophe for inpatient care and concluded that RSBY and other health insurances failed to provide financial stability. Another study by (Kutzin, 2001) also emphasizes on improving the insurance function of health-care systems, necessitates policymakers recognizing the importance of system management, not just finance. (Hooda, 2020) argues that Ayushman Bharat is a step towards creating a system that would make possible in renouncing public finances and public institutions to already commanding private players, which will have serious imputations for the delivery of healthcare system in India. (Bakshi et.al,2018) provides interpretative reflections, recommendations and a way forward for the fast and productive implementation of the Ayushman Bharat Program in India, which aims to achieve universal health coverage. It also suggests if fully implemented and complemented with additional measures, the program could serve as a valuable platform for reforming the Indian healthcare system and accelerating India's progress toward universal health coverage. The study by (Li et al, 2012) found that the risk of catastrophic health expenditure was higher among households with lower income, larger size, tuberculosis and with at least one person with chronic disease or hospitalized in the past year in China. Health insurance coverage was found to be protective against catastrophic health expenditure. At this backdrop the research aims to study how the Ayushman Bharat health care policy has achieved the sustainable development goal of Good health and how this policy is contributing to fulfilling the target of universal health coverage –one of the goal of Sustainable Development. We conducted a SWOT analysis (Figure 5) to assess the strengths and weaknesses of the Ayushman Bharat healthcare policy, explore opportunities for further development, and identify potential threats and challenges related to reducing catastrophic healthcare spending in the context of Universal Health Coverage.

The paper has Seven divisions -Section 1 describes the Introduction of the interlink age of Ayushman Bharat health insurance policy and sustainable development. Section 2 presents the Review of literature. Section 3 explains the methodology adopted in the paper. Section 4 explains How Ayushman Bharat has proved a giant step for controlling the OOP healthcare expenditure. Section 5 evaluates the strength, weaknesses, opportunities and threats faced by the policy in India. Section 6 discusses the findings and Section 7 gives the concluding remarks.

3 Methodology-

The research has conducted a SWOT analysis (figure 5) to explore the impact of Ayushman Bharat health care policy on the patient outcome and catastrophic health care expenditure to see whether government's initiative has achieved the target of accessibility, affordability and availability of healthcare services. By categorizing the impact of pooled resources on healthcare and out-of-pocket expenditure into strengths, weaknesses,

opportunities, and threats, SWOT analysis serves as a crucial tool in strategic planning. Applying SWOT analysis and listing internal and external factors in the four quadrants of the SWOT analysis allows for the evaluation of strengths that indicate improvements in efficiency, accessibility, and affordability facilitated by insurance policies. Weaknesses highlight areas requiring enhancement in healthcare. The identified threats and opportunities necessitate strategic planning that encompasses both healthcare and universal healthcare (Helms, M. M, 2008).

4 Ayushman Bharat- A giant step to achieve Universal health Coverage

History of insurance of health can be traced back to early 1950s when formal sector workers and civil servants were enrolled under Employee State Insurance Schemes (ESIS) in 1952 and CGHS (Central Government Health Schemes)in 1954-a heavily subsidized health insurance plans (Hooda, 2020). Further after the privatization in 1991 private sector was involved in the insurance sector in late 1999 but because of high premium and low income of remarkable population private insurance uptake was low. Since more than a decade, India has seen a variety of public health insurance programs promoted by the state and central governments. The GOI launched the Universal Health Insurance Scheme (UHIS) to provide financial risk coverage to BPLs at discounted premiums in 2003 (Hooda, 2020). These policies are proposed at a low price that encourages the people below the poverty line to make use of insurance so as to provide them some sort of risk pooling.
India has a public health infrastructure in the form of subcentres (SC), primary health centres (PHC) and Community health centres (CHC) in every state but there is wide variations in the quality of structures of these health centres. The well governed states like Tamil Nadu, Kerala are doing better than the other states. (Selvaraj & Karan, 2012) 65% people of rural areas get the public health care from these centres but the remaining 35% people in urban areas get the public health care from general hospitals. Seventy percent of healthcare services are acquired from private healthcare providers, while the remaining thirty percent are sourced from public healthcare providers (Ghuman & Mehta 2009).
India introduced its public health insurance policy Rashtriya Swasth Bima Yojana (RSBY) as a first attempt to lessen out-of-pocket health spending (Karan, et.al,. (2017). After this on September 2018 under the vision of National health Policy 2017 the Central Government launched the policy of Ayushman Bharat as a modified version of RSBY(Kesri & Gupta,2019). This initiative is being implemented to reach forty percent of India's vulnerable and impoverished people (Mohanty et al.2023). The government announced two major initiatives under this policy –a) Health and wellness centers, b) Pradhan Mantri Jan Arogya Yojana. Establishment of Health and wellness centres as its first pillar under which 1.5 lakh sub centers and primary health centers are upgraded to deliver comprehensive primary health care. Operationalization of HWCs was planned to be done in phased manner initially a target of upgrading 15000 centres in the first year (2018-19) and up to 40000 in 2019-20 then 70000 in 2020-2021, 1.1 lakh in 2021-2022 and 1.5 lakh upto December 2022. At present 173907 HWCs (Table 1) are operational. AB-HWCs (figure 3) offers free basic medicines and diagnostic services, as well as teleconsultation and health promotion activities such as yoga, meditation, and zumba. These centres are intended to not only be points of delivery for healthcare services, but also to empower the people to take control of their own health.

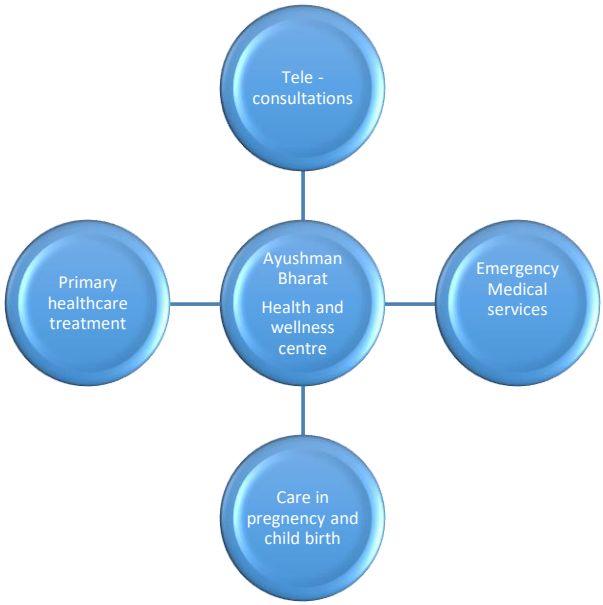


Figure 3- Services offered by Ayushman Bharat-Health and wellness centres

Pradhan Mantri Jan Arogya yojana –as a second pillar aims to provide health insurance to over 10 crore poor with an insurance of 5 lakh per family per year for availing secondary and tertiary services. (Ayushman Bharat, 2023).Funding of the scheme is divided by the federal and state governments in the ration of 60 and 40. Amount allocated for AB-PMJAY was increased to 6400 crores in 2019-20 as compared to 2400 crores in 2018-19 (Ayushman Bharat, 2023).

Figure 4 –Journey of Ayushman Bharat Health Insurance Policy
Source- https://pmjay.gov.in/about/pmjay

Table 1 – Operational divisions of HWC as on 04-08-2024

Sr. No	Centers Established	No of operational units
1	Health and Wellness Centre(HWC)	173907
2	SHC-HWC	127692
3	Primary Health Centers (PHCs)	23917
4	UPHC-HWC	5117
5	AYUSH-HWC	11807
6	UHWC-HWC	5374
7	Beneficiary households covered	10.74 crores
8	No. of hospitals empanelled	2733
9	No of hospitals under process for empanelment	418

Source https://ab-hwc.nhp.gov.in/

4.1 Progress made by Ayushman Healthcare Insurance Policy

The state-wise details of Ayushman cards issued, along with the number of hospital admissions and their corresponding values under Ayushman coverage, are provided in the (Table 2). Around 23,000 hospitals have been enlisted under AB-PMJAY by various State and Union Territory governments providing a total of 1crore 96 lakhs hospital admissions totaling Rs. 24,315 crores have been authorised as of July 20, 2021. Amount allocated for AB-PMJAY was increased to 6400 crores in 2021-22 as compared to 2400 crores in 2018-19 (MoHFW,2023)

Table- 2 Progress of Ayushman Bharat Healthcare policy as on 23-07-21

States	Ayushman Cards issued	Authorised Hospital Admissions	Value of authorized hospital admissions
Arunchal Pradesh	22726	1812	31559579
Andhra Pradesh	N.A	1245956	35454214219
Assam	12420824	252251	3,749,546,919
Bihar	6,869,237	287,389	2,770,023,718
Chhattisgarh	13,240,939	1,551,997	15,108,847,365
Gujarat	7,641,318	2,426,336	36,636,319,473
Haryana	2,616,418	290,816	3,588,146,294
Himachal Pradesh	1,075,101	96,034	1,077,353,995
Karnataka	9,782,602	1,581,386	17,576,957,813
Kerala	6,621,730	2,478,238	19,135,502,001
Madhya Pradesh	24,791,351	853,882	12,140,065,053
Maharashtra	7,162,215	479,529	12,416,017,419
Manipur	313,635	36,758	453,214,818
Meghalaya	1,655,718	287,304	2,210,910,885
Mizoram	356,647	55,878	576,271,261
Nagaland	258,083	19,194	277,952,666
Rajasthan	NA	1,336,147	7,809,870,450
Punjab	7,021,511	756,583	8,631,451,965
Sikkim	36,668	4,013	37,808,638
Tamil Nadu	24,727,509	3,102,788	38,240,413,904
Tripura	1,255,479	99,405	670,014,774
Uttarakhand	14,189,875	769,532	7,965,274,654
West Bengal@	NA	17,636	170,981,470
Jharkhand	8,992,890	867,385	8,767,034,692
Jammu and Kashmir	4,794,201	200,035	1,860,995,911
Ladakh	1,636	1	1,800
Andaman and Nicobar Islands	33,844	651	16,011,653
Chandigarh	63,524	11,406	81,696,009
Dadra and Nagar Haveli | Daman and Diu	416,028	67,444	455,095,733
Lakshadweep	1,636	1	1800
Puducherry	250,455	6,184	31,688,824

Note- West Bengal initially began implementing the scheme, but on January 10, 2019, the State Government decided to withdraw from its implementation.
Source-Press Information Bureau (pib.gov.in)

5 A SWOT (Strength, Weaknesses, Opportunities, Threats) analysis of Ayushman Healthcare policy and Sustainable Developmen –

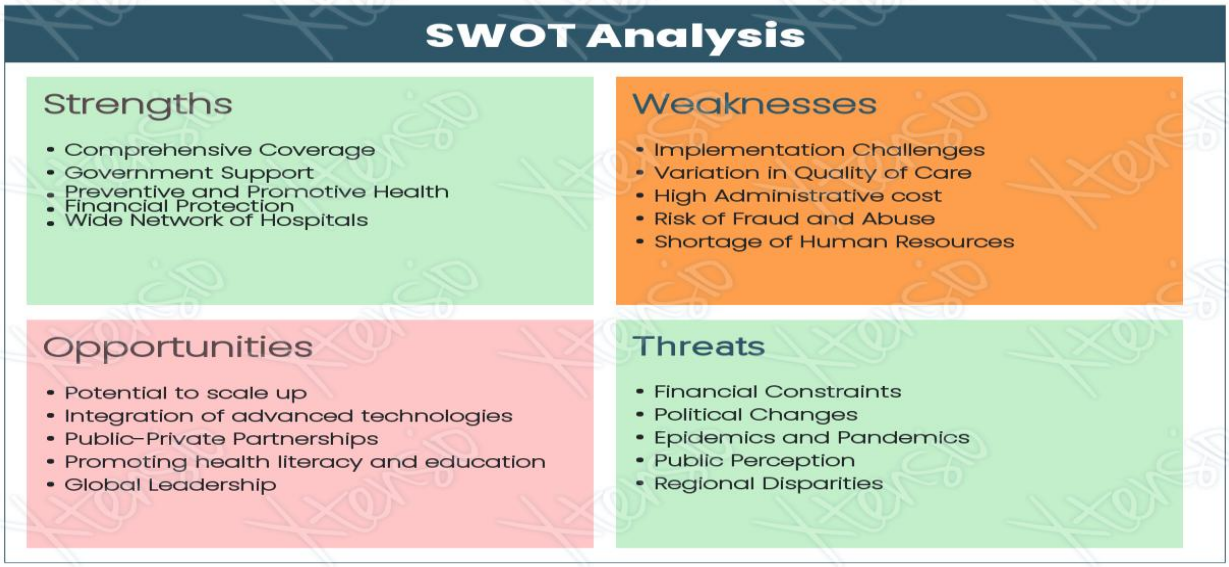


Figure-5 SWOT Analysis

5.1 -Strengths

Strengths are areas where insurance policies facilitate efficiency, accessibility, and affordability.

1.**Comprehensive Coverage**: The expanded benefit coverage now reaches nearly 40% of the population, focusing on the poorest and most vulnerable groups. It covers almost all secondary and many tertiary hospitalizations, with the exception of those on a negative list.

Each family is covered for up to 5 lakh, with no restriction on family size. This expansion will enhance access to quality healthcare and medications. It will also address previously unmet healthcare needs, which remained hidden due to financial constraints. As a result, this will lead to timely treatments, improved health outcomes, greater patient satisfaction, increased efficiency and productivity, job creation, and an overall improvement in quality of life. Ayushman Bharat offers comprehensive health coverage benefiting a large portion of the population, especially the economically disadvantaged.

2. Government Support: The strong backing from the government for Ayushman Bharat (PMJAY) ensures sustainable funding and implementation. Public health and hospitals are a state obligation under the Indian constitution. As a result, AB-PMJAY adoption is heavily reliant on the enthusiasm and leadership of Indian states (Reddy et al, 2011) Central has allocated amount in the budget for different years for Ayushman Health care policy(figure 6)

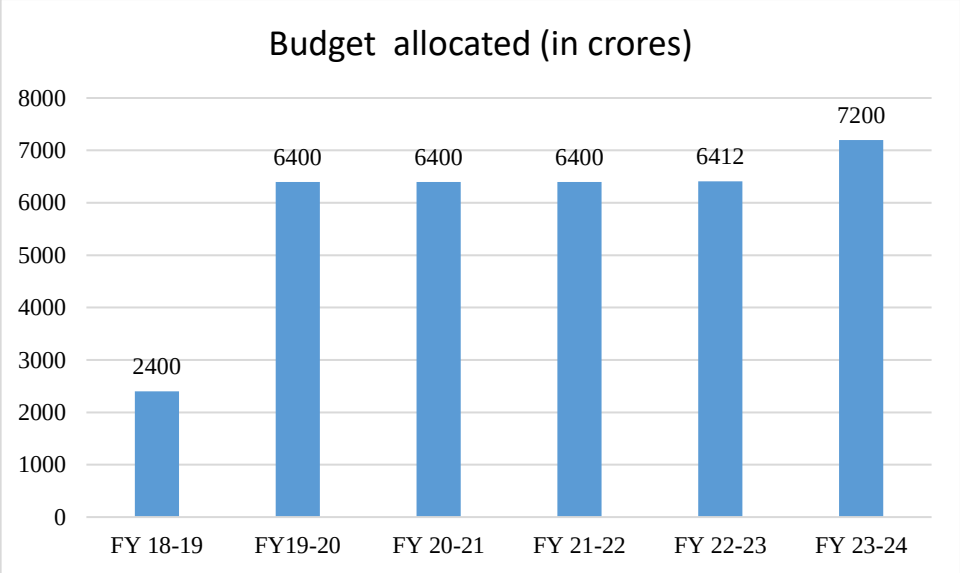


Figure 6 - Budget allocation for Ayushman Bharat Pm-Jay in different years by the centre
Source- Union Budgets of different years

3 Preventive and Promotive Healthcare: Focus on preventive and promotive health is given through Health and Wellness Centers (HWCs).Under Health and well ness centers, the approval of 152130 health and wellness centres are given to states and 173907 centres (Ayushman Bharat, 2023) are operationalized till 4th August 2024.

4 Ensuring Financial Sustainability -The program provides coverage of up to ₹5 lakh per family per year, which helps families avoid falling into debt due to medical emergencies. It acknowledges the linkage between economic growth and better health. National health protection scheme has got a lot of attentiveness in India and the setting up of 1.5 lakh HWCs is a bigger and impactful initiative. It will strengthen primary healthcare which has the potentiality to cater 80-90% of health needs. It will also bring effectiveness in healthcare services through growing access to healthcare (Lahariya, 2018). Reduces out-of-pocket expenses for the poor, mitigating financial hardships due to health expenditures.

5 Wide Network of Hospitals: Empanelment of a large number of public and private hospitals secure better reach to healthcare services. Currently, PMJAY beneficiaries have access to health services covered under 920 health packages, which include 1670 procedures across 24 specialties. Beneficiaries can access these strategically purchased services from both public and empanelled private hospitals. As of July 2021, approximately 23,000 hospitals were empanelled under PMJAY (Hooda, 2020).

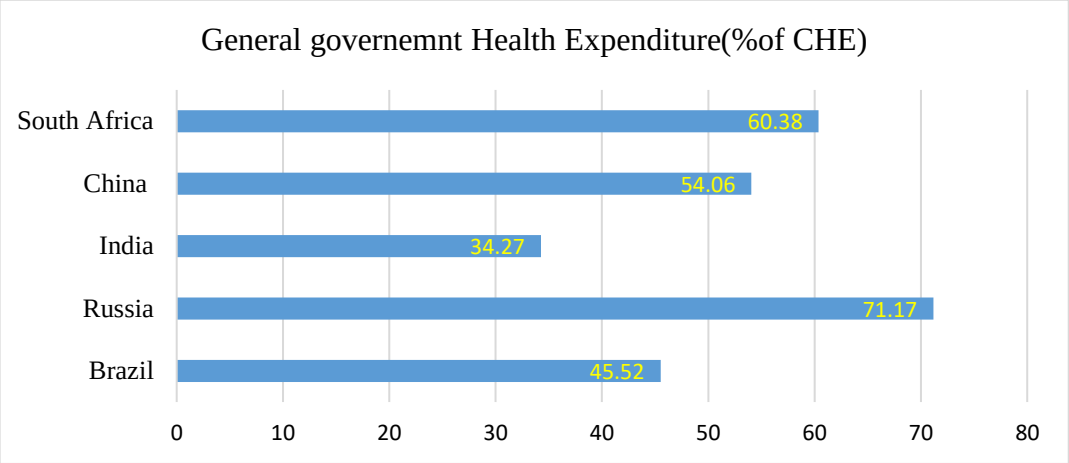
5.2-Weaknesses

Weaknesses are areas that have potential for improvement.

1. Implementation Challenges: Issues related to the implementation at the grassroots level, including awareness, infrastructure, and bureaucratic hurdles. Ayushman Bharat poses significant challenges, particularly in terms of integrating public and private healthcare services effectively. Additionally, the successful implementation of the PPP model relies on establishing sufficient patient loads at district hospitals, which may not be achievable in all cases(Hooda,2020)

2. Variation in the quality of care provided by empaneled hospitals.
There is variation in the traits of care provided by empaneled hospitals. Instances of inflated billing, unnecessary medical procedures, and negligence in private facilities have been reported, putting questions about the efficacy of the regulatory mechanisms in place to ensure quality and ethical practices in the private sector. Beneficiaries should have easy approach to a variety of health services that meet their desired cost and quality standards. Differences in the quality, type and cost of care between private and public hospitals make it essential to ensure their equitable distribution and utilization (Kumar, 2019).
3. High Administrative Cost: The establishment of regulatory agencies and the need for effective monitoring and evaluation of services will require significant financial resources. The potential for increased costs associated with managing the insurance-based system and ensuring compliance with quality standards is a concern that could impact the overall sustainability of the initiative.
4. Risk of fraud and Abuse: Risks of fraud and abuse such as fake claims and misuse of funds within the system can hamper the success of the initiative.
5. Shortage of trained healthcare professionals to address the increased demand created by the policy.

5.3 -Opportunities
Opportunities are areas that can be explored to gain a competitive advantage through Ayushman Healthcare policy.
1 Potential to scale Up: In spite of the various health insurance schemes under public and private sector, the insurance intake is lower in India. The persons who are enveloped under any of health insurance policy are not getting the benefits that are supposed to be given to them. Only 13% of privately insured household got reimbursement (Pandey et al, 2018).It require to include the targeting beneficiaries under the gamut of health insurance.
2 Integration of advanced technologies: Integration of advanced technologies like telemedicine, electronic health records, and AI for better service delivery (Bhatia et.al, 2024). The HWC team at the PHC level is equipped with laptops and desktop computers, while at the SC level, they have tablet computers to facilitate electronic health records for the population served by the HWCs. Using a secure IT system, the AB-HWC team will be able to monitor patient adherence to treatment and manage follow-ups effectively. Tele-health and referrals play a gatekeeping role within a bilateral referral system that connects to secondary and tertiary care, along with follow-up treatments. These elements are integral to the commitment to deliver comprehensive primary health care through AB-HWCs (Heena et al,2021).
3 Public-Private Partnerships: The PPP model aims to improve healthcare service delivery by manipulating the strengths of both public and private sectors. It allows for the establishment of private facilities within public district hospitals, which can enhance the capacity to treat non-communicable diseases (NCDs) and improve overall healthcare access. Ayushman Bharat facilitates strategic purchasing of health amenities from public and private providers, which is essential for achieving universal health coverage. This approach allows for a more efficient allocation of resources and ensures that patients can access a wider range of services (Hooda,2020).
4 Promoting health literacy and education: Health literacy can bridge gaps in understanding and access to healthcare, particularly among vulnerable populations. By providing tailored education and resources, disparities in health outcomes can be minimized, ensuring that all beneficiaries have an equal opportunity to achieve good health.
5 Global leadership: Positioning India as a global leader in providing affordable and accessible healthcare through innovative policies.
5.4 Threats –
Threats are external factors that impede strategies and undermine the organization's ability to compete effectively in the market.
1 Financial Constraints: The scheme requires large amount of finance to fulfill the targets of large number of beneficiaries for sustainable development. Developing countries are experiencing financial constraints and often cannot afford these technologies without external assistance. For instance, India's total expenditure on health is significantly lower compared to that of developed countries.



2 Political Changes: Policy continuity might be affected by changes in political leadership or government priorities. The expenses of the scheme is divided between federal and states in 60:40 ratio. States contribution required is 40% means over 4000 crores. The states that are already in financial crunch are not able to bear the expenses as some states are running their own health insurance policies which needs to be coordinated besides the socio-political conflicts (Bakshi et.al, 2018)

3 Public Perception: Negative public perception due to any failures or shortcomings in the policy's implementation. It is difficult for an average Indian to choose the right policy and plan.

4 **Regional Disparities**: Uneven development and healthcare access across different regions, leading to disparities in benefits received. The expansion of public health insurance coverage through PM-JAY built on the foundation laid by the National Health Mission, which boosted investments in public health facilities and led to a reduction in disparities in the usage of maternal and inpatient care in the different regions (Mohanty et.al,2023).

6 Discussion

Along with Swachch Bharat, Ayushman Bharat may make a significant contribution to India becoming a Swastha Bharat. Increased investment in health systems is essential to support countries in their recovery, build resilience against future health threats, and address long-standing healthcare deficiencies. Definitely AB-PMJY has significantly increased public health insurance coverage and narrowed the geographical and socioeconomic inequalities. However the gains in coverage were insufficient to achieve universal coverage among the poor. Ayushman Bharat represents a balanced approach, integrating comprehensive primary healthcare through Health and Wellness Centers (HWCs) with secondary and tertiary care hospitalization. Though Ayushman Bharat will support progress of India towards achieving universal health coverage, yet it would be inadequate until supported by quick step up and merging of pre-existing plans and some new added initiatives. It will solely provide medical care, primarily in private/corporate hospitals, rather than health care. Unless the government-run system is reinforced, it will not have the expected impact on already very high household OOPE (Bakshi et al, 2018). The negligence of other traits of primary care, such as chronic condition management, is more likely to have resulted in rising cost implication on the poor and other vulnerable population who required access to various kinds of care, particularly a spectrum of primary healthcare. (Karan & Mahal, 2014). Government expenditure on healthcare is lower as compared to other countries and needs to be increased to achieve universal health coverage and support sustainable development.

7 Conclusion-

To achieve universal health coverage, India has undertaken numerous initiatives, starting with strengthening primary healthcare services to implementation of various insurance policies including AB-PMJY. We've come a long way since then, raising the public health system to a new level. But there are still some obstacles in achieving universal health coverage. In spite of having so many public and private health insurance in India people are reluctant to have health insurance that contributes to out-of-pocket expenditure and impoverishment.

Health Insurance strategies must be made easy to use so that poor people can take the advantage of the services. Benefit plans and schemes should be communicated to the target beneficiaries to ensure their proper enrolment. Outpatient care should be linked with specialized care to reduce the OOP healthcare burden of the poor people. It is also recommended to increase the Investment on health by the government National Health Policy 2017 and High level expert group 2010.

The study is limited to analyze the effect of one public health insurance policy of Ayushman Bharat on achieving the goals of sustainable development. There are various goals and targets under STG goals 3 but the study is

limited to analyze the role of policy in reducing the catastrophic healthcare expenditure to achieve the targets of universal health coverage. The ABP could emerge as more than just a health services program; it has the potential to serve as a foundation for India's journey toward universal health coverage. We hope that PM-JAY signifies the start of a new vision and approach for enhancing India's healthcare system, ultimately contributing to the achievement of sustainable development goals. The ABP (Ayushman Bharat Programme) indeed represents a significant step toward comprehensive health coverage in India. By focusing on a broader platform for health services, it lays the groundwork for universal health coverage. The PM-JAY (Pradhan Mantri Jan Arogya Yojana) is a critical component of this vision, aiming to expand access and reduce financial barriers to healthcare. While PM-JAY has made strides in increasing health insurance coverage and reducing inequalities, the study emphasizes that further efforts are necessary to ensure universal coverage for the poorest populations in India.

References-

1. Ayushma Bharat- Retrieved from https://cag.gov.in/uploads/download_audit_report/2023/Report
2. No.-11-of-2023_PA-on-PMJAY_English-PDF-A-064d22bab2b83b5.38721048.pdf [accessed on15-8-23]
3. Ayushman Bharat - National health protection mission| National portal of India. (n.d.). https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission (Accessed on -4-8-24)
4. Bakshi, H., Sharma, R., & Kumar, P. (2018). Ayushman bharat initiative (2018): What we stand
5. to gain or lose!. *Indian journal of community medicine: official publication of Indian Association*
6. *of Preventive & Social Medicine*, *43*(2), 63.
7. Bhatia, S., Dharwal, M., Bhatia, S., & Mohan, V. (2024). Transformative Impact of Technology On The Healthcare Industry: A Swot Analysis. *Proceedings on Engineering*, *6*(2), 769-778.
8. Bhojani, U., Thriveni, B. S., Devadasan, R., Munegowda, C. M., Devadasan, N., Kolsteren, P., & Criel, B. (2012). Out-of-pocket healthcare payments on chronic conditions impoverish urban poor in Bangalore, India. *BMC public health*, *12*(1), 1-14.
9. Dubey, S., Deshpande, S., Krishna, L., & Zadey, S. (2023). Evolution of Government-funded health insurance for universal health coverage in India. *The Lancet Regional Health-Southeast Asia*, *13*.
10. Gera, R., Narwal, R., Jain, M., Taneja, G., & Gupta, S. (2018). Sustainable development goals: leveraging the global agenda for driving health policy reforms and achieving universal health coverage in India. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine*, *43*(4), 255.
11. Ghuman, B. S., & Mehta, A. (2009, January). Health care services in India: problems and prospects. In *International conference on the Asian social protection in comparative perspective. Singapore: National University of singapore* (pp. 7-9).
12. Heena, M., Panchal, M. A., Nawaz, M. A., & Yadav, M. R. (2021). COMPREHENSIVE PRIMARY HEALTH CARE: A ROAD TO ACHIEVE HEALTH FOR ALL. *Webology*, *18*(2), 2379-2385.
13. Helms, M. M., Moore, R., & Ahmadi, M. (2008). Information technology (IT) and the healthcare industry: A SWOT analysis. *International Journal of Healthcare Information Systems and Informatics (IJHISI)*, *3*(1), 75-92.
14. (HLEG,2010), *NITI Aayog*. 'High Level Expert Group Report on Universal Coverage for India *available at* https://niti.gov.in/planningcommission.gov.in/docs/reports/genrep/rep_uhc0812.pdf.
15. [Accessed on 2023 Aug 23]
16. Hooda, S. (2020). Decoding Ayushman Bharat. *Econ Political Wkly*, *55*, 107-15.
17. Karan, A., Selvaraj, S., & Mahal, A. (2014). Moving to universal coverage? Trends in the burden of out-of-pocket payments for health care across social groups in India, 1999–2000 to 2011–12. *PloS one*, *9*(8), e105162.
18. Kamath, R., & Brand, H. (2023). A critical analysis of the world's largest publicly funded health insurance program: India's Ayushman Bharat. *International Journal of Preventive Medicine*, *14*(1), 20.
19. Keshri, V., & Gupta, S. (2019). Ayushman bharat and road to universal health coverage in India. *Journal of Mahatma Gandhi Institute of Medical Sciences*, *24*(2), 65-65.
20. Kumar, S. (2019). Penetration and Coverage of Government-funded Health Insurance Schemes in India.
21. Kutzin, J. (2001). A descriptive framework for country-level analysis of health care financing arrangements. *Health policy*, *56*(3), 171-204.
22. Lahariya, C. (2018). 'Ayushman Bharat'program and universal health coverage in India. *Indian pediatrics*, *55*(6), 495-506.
23. Li, Y., Wu, Q., Xu, L., Legge, D., Hao, Y., Gao, L., ... & Wan, G. (2012). Factors affecting
24. catastrophic health expenditure and impoverishment from medical expenses in China: policy
25. implications of universal health insurance. *Bulletin of the World Health Organization*, *90*, 664-
26. 671.
27. Mir, T. A., & Singh, M. (2022). Indian Healthcare Sector and the Sustainable Development. *Int J Cur Res Rev| Vol*, *14*(03), 43.

28. (MoHFW)- Retrieved from https://pib.gov.in/PressReleseDetail.aspx?PRID=1787361
29. [accessed on 20th september 2023]
30. Mohanty, S. K., Upadhyay, A. K., Maiti, S., Mishra, R. S., Kämpfen, F., Maurer, J., & O'Donnell, O. (2023). Public health insurance coverage in India before and after PM-JAY: repeated cross-sectional analysis of nationally representative survey data. *BMJ Global Health*, *8*(8), e012725.
31. Nations United. Goal 3: Good health and well-being. In: Sustainable Development Goals Fund Accessed on 03-08-24) 14 Dec 2015 [cited 13 Apr 2020]. Available: https://www.sdgfund.org/goal-3-good-health-and-wellbeing
32. Pandey, A., Ploubidis, G. B., Clarke, L., & Dandona, L. (2018). Trends in catastrophic health
33. expenditure in India: 1993 to 2014. *Bulletin of the World Health Organization*, *96*(1), 18.
34. Reddy, K. S., Patel, V., Jha, P., Paul, V. K., Kumar, A. S., & Dandona, L. (2011). Towards achievement of universal health care in India by 2020: a call to action. *The Lancet*, *377*(9767), 760-768.
35. Selvaraj, S., & Karan, A. K. (2012). Why publicly-financed health insurance schemes are ineffective in providing financial risk protection. *Economic and Political Weekly*, 60-68.
36. Sustainable Development Goals. Retrieved from https://www.jointsdgfund.org/sustainable-development-goals/goal-3-good-health-and-well being#:~:text=SDG%203%20aspires%20to%20ensure,medicines%20and%20vaccines%20for%20all . [Accessed on 2023 Aug 23]
37. United Nations (2017) Resolution adopted by the General Assembly on 6 July 2017,
38. Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable
39. Development (A/RES/71/313)
40. Xu, K., Evans, D. B., Carrin, G., Aguilar-Rivera, A. M., Musgrove, P., & Evans, T. (2007). Protecting households from catastrophic health spending. *Health affairs*, *26*(4), 972-983.
41. World Health Organization. World Health Report 2010: Health systems financing the path to universal coverage. Geneva: *World Health Organization; 2010*. Available from: http://www.who.int/whr/2010/en/. [Last accessed on 2023 Aug 02].