



AYUSHMAN BHARAT- A GAME CHANGER

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Abstract

The mission 'Ayushman Bharat' was launched in the month of September 2018, which is the biggest health security scheme of the world. A fully funded health protection scheme which provides health insurance to over 10 crore poor and vulnerable families covering a population of more than fifty crore per annum, free of cost without any ceiling on the number of family members. This scheme aims at protecting the poor from the clutches of money lenders since many poor families approach them at the time of hospitalisation which makes them bankrupt sometimes. This will provide coverage of Rs. Five lakh per family, per year, for secondary and tertiary care hospitalisation through a network of empanelled health care for the beneficiaries of public & private hospitals. These services are equitable, affordable and accessible for poor Indian. This can be described as comprehensive, holistic, need based health care system. This research paper throws light on the rationale, various provisions of the scheme and benefits received out of it. It also covers an overview of the mission. The progress and success of the scheme depends on proper governance principles otherwise this can also result in scams and frauds.

Key words-Ayushman bharat, vulnerable, secondary & tertiary care, health care system.

Introduction

The 71st round of NSSO has found that 85.9% of rural households and 82% of urban households have no access to health care insurance. In rural areas any health issues can push them into debt because 24% of households in India have met their health care expenses through borrowings and that too from money lenders. Similarly 18% population in urban areas have met the health care expenses through borrowings from banks or any other financial institutions. In order to find a solution for this situation in the month of September government has launched the world's largest health assurance scheme called 'Ayushman Bharat'. This being the world's largest health insurance plan covering 40% of the population. The scheme is also popularly known as 'Modicare'. This scheme aims to provide free health insurance of Rs. 5 lakh per family for more than 100 million poor and vulnerable families based on the socio economic caste census (2011). According to the government this scheme will leverage on comprehensive primary health care and wellness centres for preventive, promotive and curative care. This will definitely improve the quality of health care in India.



Objectives of the study

- To understand rationale of the above scheme.
- To find out all provisions of the scheme.
- Critically examine the scheme and suggest measures to improve the mechanism.

Research methodology

This study is based on the secondary data available which consists of information about the programme through news papers and websites.

Limitations of the study

This study did not analyse the impact/ achievements of the scheme since it is too early to discuss the impact of this programme which got implemented in September 2018.

Rationale of the programme

Catastrophic expenses related to health care in every family make them bankrupt especially when affected with cancer or heart problems. This scheme provides a coverage upto 5 lakhs per family per year for secondary and tertiary care hospitalization through a network of empanelled health care providers. Beneficiaries can move across borders and access services across the country. People entitled to get the benefits are deprived rural families as per the socio economic caste census. (2011). According to the government this scheme will definitely improve the quality of medical care received by an average Indian.

Features

- This scheme is cashless and paperless.
- It is funded on entitlement based i.e. Families classified as per socio economic caste base of 2011 census will be entitled to claim the benefit of the scheme.
- Every state has to sign an MOU with the Centre.
- There is no restriction on family size , age or gender.
- A cover of five lakhs per family per year for secondary and tertiary care `
- All members of eligible families as present in SECC data are automatically covered.
- Benefit of the cover will include pre and post hospitalization.
- Any public or empanelled private hospitals across the country can be approached and get free treatment.
- No formal enrollment process, but valid ID has to produced during registration.



Promotion activities

Wide publicity is given for this programme. Villages lack even primary health centre facilities in which mortality rate goes on increasing. So for creating awareness various public engagement activities include kiosks, Nukkad naatak/ puppet shows, village panchayat meets, health melas, health camps, slum activities, mass rally and exhibitions.

This scheme has got two components a) Pradhan Mantri Rashtriya Swasthya Suraksha mission and b) Pradhan Mantri Rashtriya Health and Wellness Centre, which is fully funded .According to Prime Minister this scheme, is the biggest health assurance scheme which will be a game changer for India. Over three lakh common service centers and national health accounts will register as beneficiaries. Common service centers are access points with basic computing infrastructure run and operated by local entrepreneurs. It is an integral part of the digital India initiative of the government to foster financial inclusion. The number of beneficiaries enjoying the project benefit will be equal to the population of European Union or population of America, Mexico & Canada taken together.

Analysis & Discussion

The analysis revealed the following facts:-

1. The scheme is expected to create additional hospital infrastructure by private as well as public sector.
2. Secondary health care facilities can be implemented where-ever it is non- existent.
3. More employment opportunities both direct and indirect in areas like hospitals, Pharmacy industry, medical devices, and transportation can be created.
4. This can give boost to infrastructure development, which can again improve the welfare facilities.
5. Employment opportunities can raise the standard of living of the rural poor.
6. Since paperless, cash less methods will be adopted it can provide more opportunities in IT as well as outsourcing.
7. Last but not the least it can improve the social well being of poor and vulnerable if it is implemented with proper governance .

Suggestions



The following can be drawn as suggestions to improve the implementation of Ayushman Bharat scheme.

1. Basic facilities in primary health centers should be created on a priority basis and other infrastructure facilities should follow with immediate effect.
2. All girls in rural areas should have preliminary health checkups under this scheme which will capacitate them to manage their own health first.
3. Many women neglect their health due to domestic chores, therefore awareness should be created to monitor and manage their health first.
4. All panchayats should have maximum lady doctors, women health assistants, and government should offer extra incentives to them to implement the scheme so that the expected benefits are received.
5. All panchayats should play an active role against the criminal offences against women committed by the family members by providing a psycho social support system.
6. The attitude of society against women and elders should be changed. There should be compassion among youngsters which can be brought only through awareness and psychological counselling. This can only create more supporters for the scheme.
7. The mind set of people especially the disadvantaged group regarding health issues, has to be changed drastically. This can be done through various puppet shows, special camps as well as seminars for the general public.
8. The health conditions specific to women but neglected, such as anemia, cancer of cervix, osteoporosis, and diabetes should have treatment on a priority basis.
9. There should be a mechanism in which survivors of physical, emotional and mental trauma should be protected. They are to be motivated and encouraged to live and if possible ways should be shown to have a livelihood of their own as part of the scheme.
10. Measures to improve women's health status and access to care should be implemented.

Conclusion

There is a close relationship between pace of economic growth and quality of human capital. The quality of human capital is influenced by education, skills and health.

Government of India has decided to give affordable health care facilities to vulnerable and poor families, which is based on equity, social justice, universality and affordability.

There is no one –size –fits for –all operational models. Every state has to accommodate themselves with a new set of provisions within the framework and find out a strategy so



that millions can be saved from poverty due to hospitalization. Let this scheme bring a paradigm shift in the health care sector, as prime minister rightly said a real ‘game changer’.

References

1. Niti Aayog : on the implementation of the sustainable Development Goals
http://niti.gov.in/writerreaddata/files/india%20VNR_Final.pdf.
2. Ministry of Health and Family welfare(MoHFW)GoI.National Health Policy,2017.https://www.nhp.gov.in/NHPfiles/national_health_policy_2017.pdf
3. www.worldbank.com worldbank2017.
4. World indicators 2017.
5. Niti Aayog Healthy States Progressive India Report.