Healthcare Schemes

Public Health is a state subject; hence, the responsibility of providing medical assistance to patients of all income group is of respective State/ UT Governments. However, National Health Mission (NHM) – a flagship programme of the Ministry with its two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), supports States /UTs to strengthen their health care systems so as to provide universal access to equitable, affordable and quality health care services.

The schemes launched under NHM are available free of cost to all income groups visiting in Public Health Facilities at sub district and district level are given below:

The following programmes/ schemes are run by government under National Health Mission:

Reproductive, Maternal, Neonatal, Child and Adolescent health

- Janani Shishu Suraksha Karyakaram (JSSK)
- Rashtriya Kishor Swasthya Karyakram(RKSK)
- Rashtriya Bal Swasthya Karyakram (RBSK)
- Universal Immunisation Programme
- Mission Indradhanush (MI)
- Janani Suraksha Yojana (JSY)
- Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)
- Navjaat Shishu Suraksha Karyakram (NSSK)
- National Programme for Family planning
- LaQshya' programme (Labour Room Quality Improvement Initiative)

National Nutritional Programmes

- National Iodine Deficiency Disorders Control Programme
- MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
- National Programme for Prevention and Control of Fluorosis (NPPCF)
- National Iron Plus Initiative for Anaemia Control

Communicable diseases

- Integrated Disease Surveillance Programme (IDSP)
- Revised National Tuberculosis Control Programme (RNTCP)
- National Leprosy Eradication Programme (NLEP)
- National Vector Borne Disease Control Programme (NVBDCP)
- National AIDS Control Programme (NACP)
- Pulse Polio Programme
- National Viral Hepatitis Control Program (NVHCP)
- National Rabies Control Programme
- National Programme on Containment of Anti-Microbial Resistance (AMR)

Non-communicable diseases

- National Tobacco Control Programme(NTCP)
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
- National Programme for Control Treatment of Occupational Diseases
- National Programme for Prevention and Control of Deafness (NPPCD)
- National Mental Health Programme
- National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
- Pradhan Mantri National Dialysis Programme (PMNDP)
- National Programme for the Health Care for the Elderly (NPHCE)
- National Programme for Prevention & Management of Burn Injuries (NPPMBI)
- National Oral Health programme

Support under NHM to States/UTs includes provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

Other major initiatives include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival), implementation of Free Drugs and Free Diagnostics Service Initiatives and PM National Dialysis Programme.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

- The Ayushman Bharat Programme launched last year provides for holistic and integrated health care and is the principal vehicle for achieving Universal Health Coverage (UHC).
- It's Health and Wellness Centre component (AB-HWC) provides essential primary and community health services such as maternal, neonatal and child health services including immunization and nutrition, thus fostering human capital development during children's critical early years. These centres also provide services to prevent and manage common NCDs and major communicable diseases.
- The other component, AB-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides free and cashless care to about 500 million poor and deprived people for secondary and tertiary hospitalization care.
- To enhance the facilities for tertiary care of cancer, Strengthening of Tertiary Care for Cancer Scheme is being implemented to support setting up of State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country. Oncology in its various aspects has focus in case of new

AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY).

- Financial assistance to patients living below poverty line for life threatening diseases under the schemes such as Rashtriya Arogya Nidhi (RAN), Health Minister's Cancer Patient Fund (HMCPF) and Health Minister's Discretionary Grant (HMDG) is also provided.
- Affordable Medicines and Reliable Implants for Treatment (AMRIT) Deendayal outlets have been opened with an objective to make available drugs and implants for cardiovascular diseases (CVDs), Cancer and Diabetes at discounted prices to the patients.

Services at Ayushman Bharat – Health and Wellness Centres (AB-HWCs) are free and universal to all individuals residing in the service area.

Under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the State/ UT wise number of hospital admissions is given below:

Status as on 24.06.2019		
Sl. No.	**State**	**No of Hospital Admissions**
1	Andaman And Nicobar Islands	22
2	Andhra Pradesh	135,346
3	Arunachal Pradesh	652
4	Assam	47,631
5	Bihar	48,711
6	Chandigarh	835
7	Chhattisgarh	564,568
8	Dadra And Nagar Haveli	12,081
9	Daman and Diu	4,465
10	Goa	1,415
11	Gujarat	487,636
12	Haryana	27,811
13	Himachal Pradesh	19,145
14	Jammu And Kashmir	19,303
15	Jharkhand	184,760
16	Karnataka	197,799
17	Kerala	531,740
18	Lakshadweep	-
19	Madhya Pradesh	96,029

20	Maharashtra	139,906
21	Manipur	3,289
22	Meghalaya	15,404
23	Mizoram	13,422
24	Nagaland	945
25	Sikkim	122
26	Tamil Nadu	239,438
27	Tripura	17,505
28	Uttar Pradesh	119,204
29	Uttarakhand	49,815
30	West Bengal	17,636
Grand Total		**2,996,635**

Table: Statewise statistics of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana

AB-PMJAY provides health coverage of up to Rs 5.00 lakh per family per year to 10.74 crore poor, deprived families as per Socio Economic Caste Census (SECC) database. Details of the entitlement criteria are given below:

- Ayushman Bharat - PMJAY is an entitlement-based scheme with entitlement to be decided on the basis of deprivation and occupational criteria in the SECC database.

- The different categories in rural area include:

  Automatically included households (based on fulfilling any of the 5 parameters of inclusion):

  a. Households without shelter.
  b. Destitute, living on alms.
  c. Manual scavenger families.
  d. Primitive tribal groups.
  e. legally released bonded labour

  Total of (a) to (e) = 15.95 lakh

Standard Deprivation Parameter	Households
Only one room with kucha walls and kucha roof (D1)	2.38 crore
No adult member between age 16 to 59 (D2)	65.33 lakh
Female headed households with no adult male member between age 16 to 59 (D3)	69.43 lakh
Disabled member and no able bodied adult member (D4)	7.20 lakh
SC/ST households (D5)	3.87 crore
No literate adult above 25 years (D6)	4.22 crore
Landless households deriving major part of their income from manual casual labour (D7)	5.40 crore
Total deprived Households targeted for PM-JAY who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7	8.03 crore

Table: Standard deprivation Parameter

For urban areas, 11 defined occupational categories are entitled under the scheme. Targeted Urban Household categories proposed to be included in PM-JAY : 2.33 crore.

Sr. No.	Worker Category	Households
1	Rag picker	23,825
2	Beggar	47,371
3	Domestic worker	6,85,352
4	Street vendor/ Cobbler/hawker / Other service provider working on streets	8,64,659
5	Construction worker/ Plumber/ Mason/ Labor/ Painter/ Welder/ Security guard/ Coolie and other head-load worker	1,02,35,435
6	Sweeper/ Sanitation worker / Mali	6,06,446
7	Home-based worker/ Artisan/ Handicrafts worker / Tailor	27,58,194
8	Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller	27,73,310
9	Shop worker/ Assistant/ Peon in small establishment/ Helper/ Delivery assistant / Attendant/ Waiter	36,93,042
10	Electrician/ Mechanic/ Assembler/ Repair worker	11,99,262
11	Washer-man/ Chowkidar	4,60,433
Total Targeted Urban Households		**2.33 crore**

Table: Worker category along with households

Total families covered under PMJAY

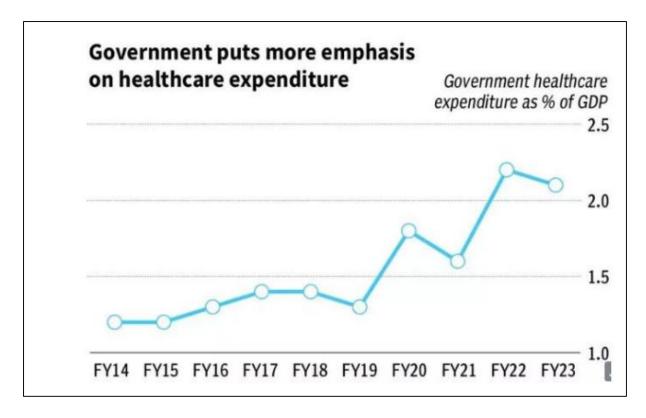| Sr. No.	Categories	Households (number in crore)
1	i) Rural (based on deprivation criteria)	8.03
	ii) Rural (automatically included)	0.16
2	Urban	2.33
3	Such number of families that are currently enrolled under RSBY but not in targeted SECC data	0.22
Total		10.74

Figure: Role of Government on healthcare expenditure

- ✓ Post Covid, the government healthcare expenditure has increased from **1.2-1.4 percent to 1.6-2.2 percent of GDP.**
- ✓ Average revenue per occupied bed day (ARPOB) increased from ₹34,277 to ₹49,836 during FY20-H1 FY24.
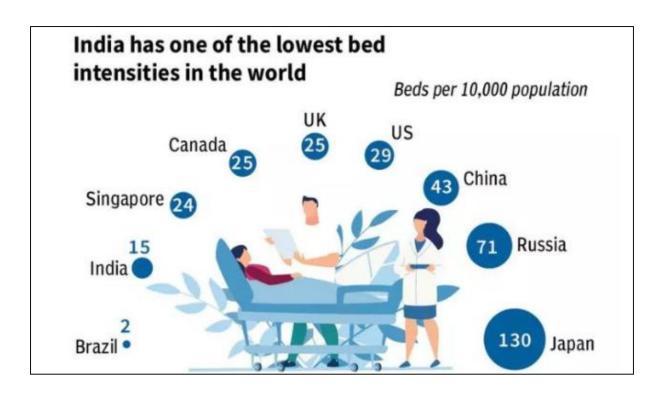- ✓ India has one of the **lowest per capita bed counts in the world.**

Figure: Bed intensities across the world

Healthcare Sector of India:

- ❖ Healthcare Sector: It comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment.

- ❖ India's healthcare delivery system is categorised into two major components – public and private.

- ❖ Public Sector: It comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of Primary Healthcare Centres (PHCs) in rural areas.

- ❖ Private Sector: The private sector provides the majority of secondary, tertiary, and quaternary care institutions with a major concentration in metros, tier-I, and tier-II cities.

- ❖ Medical Tourism: India ranks 10th in Medical Tourism Index (MTI) for 2020-2021 out of 46 destinations in the world.

- ❖ Future Projection: The hospital sector in India was valued at INR 7940.87 Bn in FY21 in terms of revenue & is expected to reach INR 18,348.78 Bn by FY 2027, growing at a CAGR of 18.24%.

The Indian medical tourism market was valued at US$ 2.89 billion in 2020 and is expected to reach US$ 13.42 billion by 2026.

Major Challenges Faced by Healthcare Sector in India:

Lack of infrastructure: India has been struggling with deficient infrastructure in the form of lack of well-equipped medical institutes.

- The government mandated that private medical colleges must be built on at least five acres of land hence, they were built in rural areas, where there was a lack of adequately qualified, full-time doctors due to living conditions, besides low pay scales.
- The National Medical Commission (NMC) has put forward the idea to do away with the requirement of minimum five acres of land.

Shortage of Efficient and Trained Manpower: There is a severe shortage of trained manpower, this includes doctors, nurses, paramedics and primary healthcare workers.

- The doctor-to-patient ratio remains low, which is merely 0.7 doctors per 1,000 people whereas the World Health Organisation (WHO) average is 2.5 doctors per 1,000 people.

Population Density and Demographics: The sheer size and diversity of the population pose unique challenges in providing healthcare services to all.

- Aging population and the associated increase in chronic diseases add to the healthcare burden.

High out-of-pocket Expenditure: While public hospitals offer free health services, these facilities are understaffed, poorly equipped, and located mainly in urban areas leaving no alternatives but to access private institutions and incurring high out-of-pocket expenses in healthcare.

Disease Burden: High prevalence of communicable diseases (such as tuberculosis) and the increasing burden of non-communicable diseases (like diabetes, cardiovascular diseases) pose a dual challenge.

- Every year, roughly 5.8 million Indians die from heart and lung diseases, stroke, cancer and diabetes.

Lack of Diagnostic Services: The penetration of diagnostic services in India is mainly concentrated around metros and big cities.

- Shortage of hygiene infrastructure, lack of awareness, limited access to facilities, lack of trained medical personnel, dearth of medicines and good doctors are the challenges faced by more than 70 percent of India's population living in rural areas.

Public-Private Partnership Issues: Challenges in fostering effective collaboration between the public and private sectors in healthcare.

➕ Ensuring that the private healthcare sector serves the larger public health goals.

Measures Needed for India to become Global Healthcare Provider:

➕ Increase in Public Spending: India's healthcare spending is 3.6% of GDP, including out-of-pocket and public expenditure.

➕ India spends the least among BRICS countries: Brazil spends the most (9.2%), followed by South Africa (8.1%), Russia (5.3%), China (5%).

➕ Infrastructure Development: Invest in building and upgrading healthcare infrastructure, including hospitals, clinics, and research facilities.

➕ Healthcare Education and Training: Strengthen medical education and training programs to produce skilled healthcare professionals.

➕ Research and Innovation: Foster a culture of research and innovation in healthcare. Provide incentives for pharmaceutical and biotech companies to conduct research and develop new treatments.

➕ Telemedicine and Digital Health: Promote the use of telemedicine and digital health solutions to increase access to healthcare services, especially in rural areas.

➕ Regulatory Reforms: Streamline and simplify regulatory processes to facilitate faster approval of drugs, medical devices, and healthcare technologies.

➕ Ensure a transparent and efficient regulatory framework.

➕ Public-Private Partnerships (PPPs): Encourage collaborations between the government, private sector, and non-profit organizations to leverage resources and expertise.

➕ Health Insurance and Financing: Implement and expand health insurance schemes to provide financial protection to citizens.

➕ Develop innovative financing models to fund healthcare projects and initiatives.

➕ Disease Prevention and Health Promotion: Focus on preventive healthcare measures to reduce the burden of diseases.

➕ Quality Standards and Accreditation: Establish and enforce stringent quality standards for healthcare services.

- Encourage healthcare facilities to obtain international accreditation to enhance their credibility.
- Medical Tourism Promotion: Develop and promote medical tourism by offering high-quality healthcare services at competitive prices.
- Improve visa and travel infrastructure to attract patients from other countries.

Recent steps Taken by the Government for the Growth of Healthcare Sector:

- National Digital Health Mission (NDHM): Launched in 2020, NDHM aims to create a digital health ecosystem, including health IDs for citizens and the establishment of a national digital health infrastructure.
- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): AB-PMJAY, launched in 2018, is a national health protection scheme that provides financial protection to over 100 million families for secondary and tertiary care hospitalization.
- National Health Policy 2017: The National Health Policy outlines the government's vision to achieve the highest possible level of health and well-being for all and emphasizes preventive and promotive healthcare.
- Health and Wellness Centers (HWCs): The government is working towards transforming primary health centers into HWCs to provide comprehensive primary healthcare services, including preventive and promotive care.
- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): PMSSY aims to enhance tertiary care capacities and strengthen medical education in the country by setting up new AIIMS (All India Institutes of Medical Sciences) institutions and upgrading existing government medical colleges.
- Research and Development Initiatives: The government has been encouraging research and development in healthcare, including support for the development of vaccines, drugs, and medical technologies.
- National Medical Commission (NMC) Act: The NMC Act, passed in 2019, aims to bring reforms in medical education and practice by replacing the Medical Council of India (MCI) and promoting transparency and accountability.
- Jan Aushadhi Scheme: The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) aims to provide quality generic medicines at affordable prices through Jan Aushadhi Kendras.

Way Ahead

- There is a need to adopt technology wherever possible to streamline the operational and clinical processes for healthcare facilities in order to manage efficient patient flow.

- In addition, there is the challenge to think beyond the obvious and promote virtual care protocols, and telehealth services, which can be leveraged to reduce the patient-load burden to a large extent.

- To sum it up, there is an urgency to make healthcare service and service providers more transparent operationally.

- This will help ensure people and processes can be made easily accountable to provide better healthcare services.