# Ongoing Government Healthcare Schemes by the Government of India

**I. Executive Summary**

The Government of India is actively engaged in a wide array of healthcare schemes aimed at improving the health and well-being of its vast population. These initiatives span across various critical areas, including a comprehensive national health mission, a large-scale health insurance program, targeted disease control efforts, significant investments in healthcare infrastructure, the promotion of digital health technologies, and specific schemes designed to address the needs of particular demographic groups. The scale and ambition of these programs reflect the government's commitment to strengthening the healthcare system and ensuring access to quality medical services for all citizens.

**II. Introduction**

The Indian healthcare system faces significant challenges in providing accessible, affordable, and quality healthcare to its diverse population. In response to these challenges, the Government of India has been playing a pivotal role in developing and implementing numerous healthcare schemes. These government-sponsored initiatives are crucial in addressing the diverse healthcare needs of a large and varied population, ranging from basic primary care to specialized tertiary treatments. The current landscape of healthcare schemes is a result of the evolution of national healthcare policies in India, reflecting a growing emphasis on universal health coverage and improved health outcomes. Many of these schemes are interconnected, designed to work synergistically to create a more robust and effective healthcare ecosystem for the nation.

**III. National Health Mission (NHM) and its Sub-Missions**

**III.A. Overview of the National Health Mission (NHM)**

The National Health Mission (NHM) was launched by the Government of India with the overarching goal of achieving universal access to equitable, affordable, and quality healthcare services across the nation 1. This flagship program, operating under the Ministry of Health and Family Welfare, adopts a strategic and unified approach towards strengthening the public healthcare system 4. Recognizing that effective healthcare delivery requires more than just financial resources, the NHM provides both technical and financial support to the States and Union Territories, enabling them to enhance their healthcare infrastructure and service delivery mechanisms 2. The very existence of the NHM as an overarching mission signifies a deliberate and coordinated effort by the government to address the multifaceted challenges within the healthcare sector. By providing a combination of technical expertise and financial assistance, the government aims to empower states to develop and implement healthcare solutions that are tailored to their specific needs and contexts. This integrated approach underscores the importance of a cohesive national strategy in tackling the complexities of healthcare delivery in a country as diverse as India.

**III.B. National Rural Health Mission (NRHM)**

The National Rural Health Mission (NRHM) is a key sub-mission under the NHM, specifically focusing on providing quality healthcare to the vast rural population of India, with a particular emphasis on vulnerable groups 1. The primary aim of the NRHM is to establish a fully functional, community-owned, and decentralized health delivery system across rural areas 1. This sub-mission directly addresses the unique challenges of healthcare access and delivery in rural India, where a significant portion of the population resides and often faces geographical and socio-economic barriers to obtaining medical care. The emphasis on community ownership and decentralization reflects a strategic approach to healthcare planning and delivery that prioritizes local participation and responsiveness. By empowering communities to take ownership of their health systems, the NRHM aims to ensure that healthcare services are more aligned with the specific needs and preferences of the rural population. Furthermore, the explicit focus on vulnerable groups within rural areas underscores the government's commitment to reducing health inequities and ensuring that even the most marginalized communities have access to quality healthcare services.

**III.C. National Urban Health Mission (NUHM)**

Complementing the focus on rural healthcare, the National Urban Health Mission (NUHM) seeks to improve the health status of the urban population, with a particular focus on the urban poor and other vulnerable sections of society 1. The core objective of NUHM is to facilitate access to quality primary healthcare services for these urban populations 1. This sub-mission recognizes that even within urban environments, significant health disparities exist, particularly affecting those living in poverty and other marginalized groups. NUHM's coverage extends to all State capitals, district headquarters, and other cities and towns with a population of 50,000 and above, as per the 2011 census 1. This population-based criterion ensures that the mission's resources and interventions are directed towards areas with substantial urban populations, where the healthcare needs of the urban poor and vulnerable are often most pressing. By specifically targeting these populations, the government aims to address health inequities within urban settings and ensure that quality primary healthcare is accessible to all urban residents, regardless of their socio-economic status.

**III.D. Key Initiatives under NHM (Examples)**

Under the overarching umbrella of the NHM, a multitude of key initiatives are being implemented to achieve its objectives. One significant initiative is the engagement of Accredited Social Health Activists (ASHAs), who serve as a crucial link between the community and the formal healthcare system 4. ASHAs, primarily women community health volunteers, are often the first point of contact for health-related needs, especially for women and children in rural areas who may face difficulties in accessing health services 5. Another important initiative is the establishment of Rogi Kalyan Samitis (Patient Welfare Committees) or Hospital Management Societies, which act as management structures at the hospital level to oversee and improve the affairs of the hospital, often with financial assistance provided for patient welfare activities 5. The Janani Suraksha Yojana (JSY) is a safe motherhood intervention scheme that aims to promote institutional delivery among poor pregnant women, thereby reducing both neo-natal and maternal mortality rates 4. The Janani Shishu Suraksha Karyakram (JSSK), launched in 2011, further strengthens maternal and child health by entitling all pregnant women delivering in public health institutions to absolutely free and no-expense delivery, including caesarean sections, and providing similar entitlements for all sick infants up to one year of age accessing public health facilities 1. To improve access to essential diagnostic services, the NHM launched the Free Diagnostics Service Initiative in 2013, providing substantial funding to states for this purpose 1. Furthermore, the NHM supports the operation of National Ambulance Services and Mobile Medical Units to enhance the reach of healthcare services, especially in remote and underserved areas 2. These diverse initiatives, ranging from community-based health workers to facility-level improvements and free essential services, demonstrate the comprehensive strategy adopted under the NHM to address various aspects of healthcare delivery and improve health outcomes across the country.

**III.E. National Nutritional Programmes under NHM**

Recognizing the fundamental role of nutrition in overall health and well-being, the NHM integrates several national nutritional programmes aimed at addressing prevalent nutritional deficiencies across different population groups 4. These programmes include the National Iodine Deficiency Disorders Control Programme, which works towards preventing and controlling iodine deficiency disorders through various interventions. The MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding promotes breastfeeding and optimal infant and young child feeding practices, which are crucial for child survival and development. The National Programme for Prevention and Control of Fluorosis (NPPCF) aims to address the public health problem of fluorosis through prevention, control, and management strategies. Lastly, the National Iron Plus Initiative for Anaemia Control focuses on reducing the prevalence of anaemia across all age groups, particularly among women and children. The inclusion of these specific nutritional programmes within the NHM framework underscores the government's understanding that addressing nutritional needs is a vital component of improving overall health outcomes and reducing the burden of disease in the population. By targeting specific deficiencies and promoting healthy nutritional practices, these programmes contribute significantly to the holistic healthcare strategy of the NHM.

**III.F. Disease Control Programmes under NHM**

The National Health Mission plays a central role in the Government of India's efforts to control and eliminate major communicable and non-communicable diseases through a range of dedicated programmes 4. The Integrated Disease Surveillance Programme (IDSP) is crucial for early detection and response to disease outbreaks, enabling timely interventions to prevent the spread of infections. The Revised National Tuberculosis Control Programme (RNTCP) works towards the prevention, diagnosis, and treatment of tuberculosis, a significant public health challenge in India. The National Leprosy Eradication Programme (NLEP) aims to eliminate leprosy as a public health problem through early detection and multi-drug therapy. The National Vector Borne Disease Control Programme (NVBDCP) focuses on the prevention and control of vector-borne diseases such as malaria, dengue, and chikungunya. The National AIDS Control Programme (NACP) works towards preventing the spread of HIV/AIDS and providing care and support to people living with HIV. The Pulse Polio Programme, a remarkable success story, aims to maintain India's polio-free status through continuous immunization efforts. The recently launched National Viral Hepatitis Control Program (NVHCP) aims to prevent and control viral hepatitis in the country. The existence of these specific and targeted programmes under the NHM demonstrates the government's strategic approach to managing and combating a wide spectrum of diseases, reflecting a commitment to reducing morbidity and mortality and improving the overall health of the nation.

**IV. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)**

**IV.A. Overview of PMJAY**

The Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) stands as the world's largest health assurance scheme, with the ambitious goal of providing a health cover of ₹5,00,000 per family per year for secondary and tertiary care hospitalization 7. This flagship initiative aims to protect over 10.74 crore poor and vulnerable families, encompassing approximately 50 crore beneficiaries, forming the bottom 40% of the Indian population 7. Launched in September 2018, PMJAY represents a significant stride towards achieving universal health coverage by providing crucial financial protection for a vast segment of the population facing the burden of hospitalization expenses 7. It operates as a centrally sponsored scheme, with funding shared between the union government and the states, reflecting a collaborative approach to address this national priority 9. In a recent expansion of its reach, PMJAY has been extended to include all senior citizens above 70 years of age, irrespective of their economic status, further demonstrating the government's commitment to protecting vulnerable age groups 10. The sheer scale and scope of PMJAY underscore the government's determination to alleviate the financial hardships associated with healthcare and ensure that quality medical treatment is accessible to those who need it most.

**IV.B. Objectives and Key Features of PMJAY**

The primary objective of PMJAY is to realize the vision of Universal Health Coverage (UHC), ensuring that no one is left behind in accessing essential healthcare services 7. A key feature of the scheme is its provision of cashless and paperless access to quality medical services at a wide network of empanelled public and private hospitals across India 8. This eliminates the immediate financial burden on beneficiaries at the point of service and simplifies the process of availing treatment. Furthermore, PMJAY imposes no restrictions on family size or the age of its members, ensuring that the entire eligible family is covered under the scheme 7. Significantly, the scheme also covers pre-existing diseases from the very first day of enrolment, addressing a common exclusion found in many other health insurance plans 7. The portability of benefits across the country 8 is another crucial feature, allowing eligible individuals to access treatment in any empanelled hospital nationwide, regardless of their state of residence. These objectives and features collectively highlight PMJAY's commitment to providing accessible, affordable, and comprehensive health insurance coverage to a large and vulnerable population.

**IV.C. Eligibility Criteria for PMJAY**

The eligibility for PMJAY is primarily determined based on the socio-economic indicators identified in the Socio-Economic Caste Census 2011 (SECC 2011) for both rural and urban areas 7. For rural beneficiaries, specific criteria include families residing in dwellings with only one room and kucha walls and roof, households with no adult male member between the ages of 16 and 59, families with a disabled member and no able-bodied adult member, households belonging to Scheduled Castes (SC) or Scheduled Tribes (ST), and landless families deriving a major part of their income from manual casual labor 7. In urban areas, eligibility is based on specific occupational categories, including rag pickers, beggars, domestic workers, street vendors, construction workers, plumbers, masons, laborers, painters, welders, security guards, coolies, sweepers, sanitation workers, malis, home-based workers, artisans, handicrafts workers, tailors, transport workers, drivers, conductors, helpers, cart pullers, rickshaw pullers, shop workers, assistants, peons in small establishments, helpers, delivery assistants, attendants, waiters, electricians, mechanics, assemblers, repair workers, washer-men, and chowkidars 7. These detailed eligibility criteria ensure that the scheme is specifically targeted towards the most economically disadvantaged and vulnerable sections of the society, identified through a comprehensive socio-economic survey. The reliance on the SECC 2011 data provides a systematic and data-driven approach to identifying beneficiaries, ensuring that the benefits of the scheme reach those who are most in need of financial protection for healthcare.

**IV.D. Benefits and Coverage under PMJAY**

PMJAY offers a substantial and comprehensive financial safety net, providing coverage of up to ₹5 lakh per family per year on a family floater basis 7. This means that the total coverage amount can be utilized by one or more members of the family as needed. The scheme encompasses a wide range of healthcare services, including medical examination, treatment, and consultation, as well as expenses incurred during the pre-hospitalization period 7. It covers the costs of medicines and medical consumables, non-intensive and intensive care services, diagnostic and laboratory investigations, and medical implantation services where necessary 7. Accommodation benefits and food services provided during hospitalization are also included under the scheme. Furthermore, PMJAY covers any complications that may arise during the course of treatment and provides for post-hospitalization follow-up care for up to 15 days 7. The breadth of coverage under PMJAY ensures that beneficiaries receive comprehensive financial protection for a wide spectrum of healthcare needs requiring hospitalization, thereby significantly reducing the risk of financial hardship due to medical emergencies.

**IV.E. Implementation and Impact of PMJAY**

The implementation of PMJAY has been carried out on a massive scale, with over 29,929 hospitals empanelled under the scheme as of a recent report, including a significant number of 13,222 private hospitals 10. This widespread empanelment ensures a broad network of healthcare providers where beneficiaries can access treatment. As of December 2024, over 36.16 crore Ayushman Cards have been created, indicating the extensive reach of the scheme in identifying and enrolling eligible beneficiaries 2. The impact of PMJAY is evident in the number of people who have availed its benefits. For instance, over 17.27 lakh beneficiaries had availed dialysis services under the scheme till December 2022 13. The significant number of empanelled hospitals, particularly the inclusion of private facilities, enhances the accessibility of care, especially in regions where public healthcare infrastructure may be limited. The large number of Ayushman Cards created signifies the scheme's success in reaching a substantial portion of its target population. Moreover, the specific data on the utilization of services like dialysis highlights the scheme's crucial role in providing access to critical and often expensive treatments, demonstrating its tangible impact on the lives of beneficiaries.

**V. Disease-Specific National Programmes**

**V.A. Pulse Polio Programme**

The Pulse Polio Programme is a nationwide immunization campaign established by the Government of India with the singular objective of eliminating poliomyelitis (polio) from the country by vaccinating all children under the age of five years against the polio virus 14. Launched in 1995, this programme has been instrumental in achieving a remarkable public health success story for India 14. India was officially certified polio-free by the World Health Organization in 2014, a testament to the sustained and comprehensive efforts under this programme 15. The programme's strategy involves large-scale, pulse vaccination campaigns conducted on specific National Immunization Days and Sub-National Immunization Days, aiming for 100% coverage of the target age group 14. This involved setting up vaccination booths in all parts of India and ensuring a steady supply of the vaccine through a robust cold chain system 14. The programme also focused on social mobilization to reach even children in remote and underserved communities 14. The success of the Pulse Polio Programme demonstrates the effectiveness of sustained, large-scale public health interventions driven by government commitment and community participation. Maintaining this polio-free status requires continuous vigilance, including surveillance for any new cases and ongoing immunization efforts to prevent any resurgence of the disease 15.

**V.B. National Mental Health Programme (NMHP)**

The National Mental Health Programme (NMHP) was launched by the Government of India in 1982 with the primary objectives of ensuring the availability and accessibility of minimum mental healthcare for all citizens in the foreseeable future 18. Recognizing the significant burden of mental disorders in the population, the programme aims to integrate mental health services with the existing primary healthcare system to make them more accessible and reduce stigma associated with mental illness 18. A key component of the NMHP is the District Mental Health Programme (DMHP), which was launched in 1996 with the goal of providing community-based mental health services and integrating mental health with general health services at the district level 18. The DMHP focuses on early detection and treatment of mental illnesses, training of healthcare personnel in mental health, generating public awareness, and monitoring the impact of mental health services 18. The long-standing existence of the NMHP reflects a sustained recognition by the government of the importance of addressing mental health as an integral part of overall public health. By decentralizing mental healthcare services and integrating them into primary care, the programme aims to improve early identification, treatment, and support for individuals with mental health conditions, ultimately striving to reduce the treatment gap and promote mental well-being in the community.

**V.C. National Sickle Cell Anaemia Elimination Mission**

The National Sickle Cell Anaemia Elimination Mission was introduced in the Union Budget 2023, specifically targeting the significant health challenges posed by sickle cell disease, particularly among the tribal populations of the country 23. Sickle cell disease is a chronic genetic blood disorder that can lead to anaemia, pain crises, organ damage, and reduced life expectancy 23. The mission has an ambitious vision to eliminate sickle cell disease as a public health problem in India before the year 2047 23. To achieve this, the mission focuses on a multi-faceted coordinated approach encompassing universal population-based screening, prevention, and holistic management of the disease 23. In its initial phase, the mission prioritizes interventions in 17 high-prevalence states across the country, including states with significant tribal populations 23. The programme aims to screen approximately 7.0 crore people over a period of three years, spanning from the fiscal year 2023-24 to 2025-26, focusing initially on the population from zero to 18 years of age and incrementally including the entire population up to 40 years 23. The strategy involves health promotion through awareness generation and pre-marital genetic counselling, prevention through universal screening and early detection, and comprehensive management and continuum of care at primary, secondary, and tertiary healthcare levels 23. This targeted mission underscores the government's commitment to addressing genetic disorders and reducing health disparities among specific vulnerable populations, with a long-term goal of eradicating sickle cell disease as a major public health concern in India.

**VI. Healthcare Infrastructure and Capacity Building Schemes**

**VI.A. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was announced in 2003 with the dual objectives of rectifying regional imbalances in the availability of affordable and reliable tertiary healthcare services and augmenting the facilities for quality medical education in the country 25. To achieve these objectives, the PMSSY focuses on two key features: the creation of new All India Institute of Medical Sciences (AIIMS)-like institutions in various parts of the country and the upgrading of existing Government Medical Colleges (GMCs) and other medical institutions 25. The establishment of new AIIMS aims to provide modern, state-of-the-art tertiary care facilities with a focus on super-speciality departments, undergraduate and postgraduate medical education, and research 27. The upgrading of GMCs involves enhancing their infrastructure, adding super-speciality departments, increasing the number of postgraduate seats, and expanding hospital bed capacity 27. The selection of states and institutions under PMSSY is often based on socio-economic indicators such as the Below Poverty Line (BPL) population, literacy rate, human development index, and infant mortality rate, ensuring that the scheme prioritizes underserved regions 28. By focusing on both creating new centres of excellence and strengthening existing medical colleges, the PMSSY addresses the critical need for high-quality tertiary healthcare and aims to increase the availability of skilled medical professionals across the nation, thereby reducing regional disparities in healthcare access and improving the overall quality of medical education.

**VI.B. PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**

Launched in October 2021, the PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) represents a significant long-term investment by the Government of India to strengthen the country's healthcare infrastructure and enhance its capacity to effectively respond to future pandemics and health emergencies 10. This mission aims to address critical gaps in health infrastructure, surveillance systems, and health research across the nation, spanning both urban and rural areas 29. PM-ABHIM focuses on strengthening healthcare infrastructure at all levels, including primary, secondary, and tertiary care 29. Key components of the mission include the establishment of Health and Wellness Centres (HWCs) in both rural and urban areas to provide comprehensive primary healthcare, the creation of Block Public Health Units to strengthen public health infrastructure at the block level, the establishment of Integrated Public Health Laboratories in all districts to enhance disease surveillance and diagnostics, and the setting up of Critical Care Hospital Blocks in districts with a population of over 5 lakhs to improve the capacity for managing critical illnesses 30. The mission also aims to develop an IT-enabled disease surveillance system by creating a network of surveillance laboratories and strengthening health units at points of entry 10. Furthermore, PM-ABHIM supports research on infectious diseases and aims to integrate digital health technologies to improve service delivery 29. As the largest pan-India scheme for public health infrastructure since 2005, PM-ABHIM signifies the government's proactive approach to building a resilient and robust healthcare system capable of addressing current and future health challenges.

**VII. Digital Health Initiatives**

**VII.A. eSanjeevani - National Telemedicine Service**

eSanjeevani is a national telemedicine service launched by the Ministry of Health and Family Welfare, offering online Outpatient Department (OPD) consultations to citizens across the country 32. This digital health initiative has become increasingly significant, particularly during the COVID-19 pandemic, by providing a convenient and safe way for people to access medical advice from the comfort of their homes 33. eSanjeevani operates through two main verticals. The first is eSanjeevani OPD, which facilitates direct doctor-to-patient teleconsultations, allowing individuals to seek medical advice and prescriptions remotely using audio and video 29. The second vertical is eSanjeevani AB-HWC (Ayushman Bharat - Health and Wellness Centre), which aims to bridge the digital health divide between rural and urban areas by enabling virtual connections between doctors at Health and Wellness Centres (spokes) and specialist doctors at tertiary healthcare facilities (hubs) via video conferencing 29. This extends the reach of specialized healthcare services to rural and isolated communities, addressing the issue of uneven distribution of healthcare personnel and infrastructure 33. Launched in 2019, eSanjeevani has witnessed significant adoption, with over 10 crore people having availed tele-consultations through the platform 33. This widespread usage underscores the growing acceptance and utility of telemedicine in India, offering a valuable solution for improving healthcare access and reducing the burden on physical healthcare facilities.

**VII.B. eDantSeva - National Oral Health Programme**

eDantSeva is a digital platform launched under the National Oral Health Programme to provide comprehensive oral health information and connect citizens with timely dental advice and services 32. The platform aims to increase awareness about the importance of maintaining optimal oral health and equips individuals with the knowledge and tools to do so, including information on the nearest oral health service facilities 37. Objectives of eDantSeva include improving the determinants of oral health, reducing morbidity from oral diseases, and integrating oral health promotion and...[source](https://www.pressreader.com/india/the-hindu/20161202/281801398577004) the general healthcare system 38. The website offers various features, such as a symptom checker to help identify potential oral health conditions, information on common oro-dental diseases and various dental treatments, and guidance on when to visit a dentist and how to handle dental emergencies 37. It also provides information about the National Oral Health Programme and resources like training manuals and awareness materials for health workers and school teachers 37. By leveraging digital technology, eDantSeva aims to empower individuals to take better care of their oral health, improve access to information about dental care, and facilitate timely management of dental problems, thereby contributing to the overall health and well-being of the population.

**VII.C. National Digital Health Mission (NDHM) / Ayushman Bharat Digital Mission (ABDM)**

The National Digital Health Mission (NDHM), now known as the Ayushman Bharat Digital Mission (ABDM), is a transformative initiative by the Government of India to create a nationwide digital health ecosystem 29. The core objective of ABDM is to integrate healthcare service providers and patients through a unique Health ID, thereby facilitating the secure storage and sharing of medical records with the patient's consent 29. Key features of ABDM include the Ayushman Bharat Health Account (ABHA) ID, a unique identifier for every citizen to store and access their health records; the Healthcare Professionals Registry (HPR), a comprehensive database of registered healthcare professionals; the Health Facility Registry (HFR), a digital repository of healthcare facilities across India; and the Unified Health Interface (UHI), an open network enabling the interoperability of various digital health services 29. As of January 2025, more than 73 crore Ayushman Bharat Health Accounts (ABHA) have been created, indicating the rapid adoption of this digital health infrastructure 29. ABDM aims to streamline healthcare delivery, improve efficiency, enhance patient engagement, and ensure better continuity of care by enabling seamless exchange of health information between patients and healthcare providers 40. By building this digital backbone for India's healthcare system, ABDM has the potential to revolutionize the way healthcare is accessed, delivered, and managed across the nation.

**VIII. Schemes for Specific Population Groups**

**VIII.A. Central Government Health Scheme (CGHS)**

The Central Government Health Scheme (CGHS) is a long-standing healthcare scheme that provides comprehensive medical facilities to Central Government employees, pensioners, and their dependents 32. The scheme offers access to medical consultations, treatments, diagnostics, and medications through a wide network of CGHS wellness centers and empanelled private hospitals 32. CGHS aims to ensure accessible and affordable healthcare for this specific segment of the population, which includes current and former employees of the central government. The comprehensive nature of the scheme covers a broad range of medical needs, from primary care to specialized treatments, and its extensive network of facilities ensures that beneficiaries have convenient access to healthcare services in various locations. The CGHS has been a significant part of the healthcare landscape for central government employees and pensioners for many years, providing a reliable and established system for their medical needs.

**VIII.B. National Programme for Health Care of the Elderly (NPHCE)**

Recognizing the increasing healthcare needs of India's aging population, the National Programme for Health Care of the Elderly (NPHCE) was launched to provide accessible, affordable, and high-quality long-term, comprehensive, and dedicated care services to senior citizens 46. The programme's vision is to create a new "architecture" for aging and promote the concept of Active and Healthy Ageing 46. NPHCE aims to provide a continuum of care, including promotional, preventive, curative, and rehabilitative services in an integrated manner for the elderly at various government health facilities 46. The programme targets all elderly people above 60 years of age in the country 48. Services provided under NPHCE range from health promotion and preventive care to the diagnosis and management of geriatric medical problems, including both outpatient and inpatient care 46. The programme also includes day care services, rehabilitative services, and home-based care as needed 46. Districts are linked to Regional Geriatric Centres for providing tertiary level care 46. NPHCE operates through various levels of the healthcare system, integrating with primary healthcare delivery below the district level and establishing specialized facilities at the district and higher levels 46. By focusing on the specific healthcare needs of the elderly, NPHCE aims to improve their quality of life and promote healthy aging.

**IX. Universal Immunization Programme (UIP)**

The Universal Immunization Programme (UIP) is a nationwide vaccination programme launched by the Government of India in 1985 49. It stands as one of the most extensive public health initiatives globally, aiming to provide free immunization against 12 vaccine-preventable diseases 49. The UIP targets approximately 3.04 crore pregnant women and 2.7 crore newborns annually, striving to protect them from life-threatening conditions through vaccination 50. The programme currently provides immunization against diseases such as tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles, hepatitis B, rotaviral gastroenteritis, Japanese encephalitis, rubella, pneumonia (haemophilus influenzae type B), and pneumococcal diseases 49. The cost of all vaccines under the UIP is entirely borne by the Government of India, ensuring that these essential vaccines are accessible to all residents, including foreign residents, free of charge 49. The programme has been instrumental in significantly reducing child mortality rates and controlling infectious diseases in the country 52. To further enhance the efficiency and reach of the UIP, the government has launched the U-WIN portal, a digital platform for managing vaccination records for pregnant women and children 52. This platform streamlines vaccine delivery, improves record-keeping, and provides features such as self-registration, digital vaccination certificates, and reminders for upcoming doses 52. The UIP remains a cornerstone of India's public health efforts, demonstrating a long-term commitment to protecting its population from vaccine-preventable diseases.

**X. Conclusion**

The landscape of ongoing government healthcare schemes in India is extensive and multifaceted, reflecting a strong commitment to improving the health and well-being of its citizens. These initiatives encompass a wide range of approaches, from the comprehensive National Health Mission with its rural and urban sub-missions, to the ambitious Ayushman Bharat - PMJAY providing health insurance coverage to millions. Targeted disease control programmes like the Pulse Polio Programme and the National Sickle Cell Anaemia Elimination Mission demonstrate focused efforts to eradicate or manage specific health challenges. Significant investments in healthcare infrastructure and capacity building are being made through schemes like PMSSY and PM-ABHIM. The increasing emphasis on digital health is evident in initiatives such as eSanjeevani, eDantSeva, and the transformative National Digital Health Mission/Ayushman Bharat Digital Mission. Furthermore, specific population groups like government employees, pensioners, and the elderly are catered to through schemes like CGHS and NPHCE. The Universal Immunization Programme continues to be a vital public health intervention. These various schemes are interconnected and have the potential to create significant synergistic effects in improving healthcare access, affordability, and quality across the nation. While challenges remain in ensuring effective implementation and reaching all intended beneficiaries, the breadth and depth of these ongoing government healthcare schemes underscore a sustained commitment to strengthening the healthcare system and promoting a healthier future for India.

**Table 1: Major Ongoing Government Healthcare Schemes in India**

| **Scheme Name** | **Key Objective** | **Target Beneficiaries** | **Key Features** |
| --- | --- | --- | --- |
| National Health Mission (NHM) | Universal access to equitable, affordable, and quality healthcare | Entire population, with focus on rural and urban underserved | Umbrella mission with NRHM and NUHM sub-missions, supports states with technical and financial aid |
| Ayushman Bharat - PM Jan Arogya Yojana (PMJAY) | Provide financial protection for secondary and tertiary care hospitalization | Over 10.74 crore poor and vulnerable families, senior citizens above 70 | Health cover of ₹5 lakh per family per year, cashless and paperless access, portability |
| Pulse Polio Programme | Eliminate poliomyelitis from India | All children under five years | Large-scale immunization campaigns on National Immunization Days |
| National Mental Health Programme (NMHP) | Ensure availability and accessibility of minimum mental healthcare | General population, particularly vulnerable and underprivileged | Integrates mental health with primary healthcare, District Mental Health Programme |
| National Sickle Cell Anaemia Elimination Mission | Eliminate sickle cell disease as a public health problem by 2047 | Entire population, with initial focus on high-prevalence states and tribal populations | Universal screening, prevention, holistic management |
| Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) | Correct regional imbalances in tertiary healthcare and augment medical education | General population, medical students | Creation of new AIIMS-like institutions, upgrading existing GMCs |
| PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) | Strengthen health infrastructure to respond to future pandemics and health emergencies | Entire population, with focus on rural and underserved areas | Strengthening primary, secondary, and tertiary infrastructure, disease surveillance |
| eSanjeevani - National Telemedicine Service | Provide online OPD doctor consultations | General population, especially in remote areas | Doctor-to-patient and doctor-to-doctor teleconsultations |
| eDantSeva - National Oral Health Programme | Improve oral health awareness and access to dental information and services | General population | Digital platform with oral health information, symptom checker, directory of facilities |
| National Digital Health Mission (NDHM) / Ayushman Bharat Digital Mission (ABDM) | Create a nationwide digital health ecosystem | All citizens, healthcare providers, health facilities | Unique Health ID, registries for professionals and facilities, interoperable platform |
| Central Government Health Scheme (CGHS) | Provide comprehensive healthcare services | Central Government employees, pensioners, and their dependents | Network of wellness centers and empanelled hospitals |
| National Programme for Health Care of the Elderly (NPHCE) | Provide accessible, affordable, and high-quality care for the elderly | All elderly people (above 60 years) | Promotional, preventive, curative, and rehabilitative services |
| Universal Immunization Programme (UIP) | Provide free immunization against 12 vaccine-preventable diseases | Pregnant women and children | Nationwide vaccination program with digital record-keeping through U-WIN |

**Table 2: Key Initiatives under the National Health Mission (NHM)**

| **Initiative Name** | **Brief Description** | **Target Beneficiaries** |
| --- | --- | --- |
| Accredited Social Health Activists (ASHAs) | Community health volunteers linking community and health system | Rural population, especially women and children |
| Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society | Management structure for hospital affairs and patient welfare | Patients and communities served by public hospitals |
| Janani Suraksha Yojana (JSY) | Promotes institutional delivery through conditional cash transfers | Poor pregnant women |
| Janani Shishu Suraksha Karyakram (JSSK) | Provides free entitlements for pregnant women and sick infants in public health institutions | Pregnant women and infants up to 1 year |
| Free Diagnostics Service Initiative | Provides free essential diagnostic services at public health facilities | General population accessing public health facilities |
| National Ambulance Services | Provides emergency ambulance services | General population |
| Mobile Medical Units | Provides healthcare services in remote and underserved areas | Rural and underserved populations |
| National Iodine Deficiency Disorders Control Programme | Prevents and controls iodine deficiency disorders | General population |
| MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding | Promotes breastfeeding and optimal infant and young child feeding | Mothers and young children |
| National Programme for Prevention and Control of Fluorosis (NPPCF) | Prevents and controls fluorosis | General population in endemic areas |
| National Iron Plus Initiative for Anaemia Control | Reduces the prevalence of anaemia | All age groups, particularly women and children |
| Integrated Disease Surveillance Programme (IDSP) | Early detection and response to disease outbreaks | Public health system, general population |
| Revised National Tuberculosis Control Programme (RNTCP) | Prevention, diagnosis, and treatment of tuberculosis | General population |
| National Leprosy Eradication Programme (NLEP) | Eliminates leprosy as a public health problem | General population |
| National Vector Borne Disease Control Programme (NVBDCP) | Prevention and control of vector-borne diseases | General population |
| National AIDS Control Programme (NACP) | Prevents the spread of HIV/AIDS and provides care | General population, people living with HIV |
| Pulse Polio Programme | Eradicates polio through vaccination | Children under five years |
| National Viral Hepatitis Control Program (NVHCP) | Prevents and controls viral hepatitis | General population |

**Table 3: Eligibility Criteria for Ayushman Bharat - PMJAY**

| **Category** | **Specific Eligibility Criteria** |
| --- | --- |
| **Rural Beneficiaries** | Only one room with kucha walls and kucha roof |
|  | No adult member between ages 16 to 59 |
|  | Households with no adult male member between ages 16 to 59 |
|  | Disabled member and no able-bodied adult member |
|  | SC/ST households |
|  | Landless households deriving a major part of their income from manual casual labour |
|  | Automatically included households (without shelter, destitute/living on alms, manual scavenger families, primitive tribal groups, legally released bonded labour) |
| **Urban Beneficiaries** | Rag picker |
|  | Beggar |
|  | Domestic worker |
|  | Street vendor/ Cobbler/hawker / Other service provider working on streets |
|  | ...[source](https://www.bajajfinserv.in/insurance/10-benefits-of-the-pmjay-ayushman-bharat-yojana-that-every-indian-should-know) |

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