**Ayushman Bharat: An Account of Roles and Responsibilities of Stakeholders towards universal health coverage**

**Abstract:**

Ayushman Bharat Program was started by the Govt. of India as an ambitious scheme to provide financial protection to the families across the country. The program also envisions to upgrade the existing grass root level health system and convert the existing sub-health centres in to health and wellness centres which would cater to a range of services based on the principle of comprehensive primary healthcare. The program is believed to bring in changes in the country however the same is not devoid of criticism owing to several of the reasons inbuilt in it. Thus, there are applauses in some part and by certain sections of the society and there is criticism as well. The program can be made successful with the involvement of several stakeholders with their pertinent contributions and participation. The program is also said to bring in positive changes in the much-awaited universal health coverage arena however there are still some criticism on this. As the program is rightly said as the National Health Protection Mission thus it is expected that the insurance sector can contribute positively by risk pooling among the beneficiaries. The health system, both public and private, are the key pillars in the program as they would render critical health services to the masses who would otherwise access the health services at their door step. The non-governmental organizations and the civil society organization, being the proximate part of the society, can disseminate the message and bring about positive changes in their concerned communities. The state government has a pivotal role to play in many fronts, be it implementation or the financial contribution. The political parties, both in power and in opposition as well, should come in one tune to make the program successful. The healthcare providers and the pharmaceutical industry also play an important role as they are directly involved in the service provision. Most importantly the common citizen should also act proactively and be aware of the benefits of such schemes which would ultimately bring about fruition in the program. This opinion paper takes in account the roles and responsibilities of all these stakeholders in implementing such a grand program in the country with a focus on universal health coverage.

**Key Words:** Health Insurance, Health Wellness Centres (HWCs), National Health Agency (NHA), National Health Protection Mission (NHPM), Pradhan Mantri Jan Arogya Yojna (PM-JAY), Rastriya Swasthya Bima Yojna (RSBY),

**Background:**

The total health expenditure in the country accounts to nearly 5% of the total GDP of which 1.2% is the public spending and the rest comes out of individual pockets, private players and the employers in the country. In 2014 the National Health Assurance Mission (NHAM) focused on spending of USD 6.5 billion per year during the year 2014-2019 for Universal Health Coverage (UHC) in India (1). This account to only 0.28% of the USD 2.25 trillion GDP estimated by the World Bank in 2016 (2) and seems a doable budget for financing the health sector in the country (3). Subsequently the National Health Policy 2017 on Universal Health Coverage along the line of international discussions. However political will and leadership coupled will provision of funds for a robust health system in the country has been a perpetual problem (4,5,6).

Most commonly the Primary health centres (PHC) focus on issues related to reproductive and child health, adolescent health and communicable diseases and the emerging issues related to non-communicable diseases are seen to be mostly neglected during earlier days. On the contrary the Ayushman Bharat program focuses on these public health issues and embraces the idea of comprehensive primary healthcare and takes the approach of holistic healthcare. The National Health Agency (NHA) is entrusted to oversee all these programs in a pan-Indian basis.

Ayushman Bharat program was launched in 2018 the Govt. of India to provide comprehensive primary care services to the people of India. It was highly accepted by all the sections of the society and was applauded across the media, public and political domain (7,8). It has got two components that directly and indirectly help in providing the preventive and curative healthcare services to the people of India. The first component focuses on upgradation of existing sub-health centres in to health and wellness centre (HWC) that would provide the comprehensive primary health care services which takes a life span approach and begins with care of pregnancy and ends with geriatric care services. 1,50,000 of such HWCs are planned to be established in the country. The first health and wellness centre was established in Jangla, Bijapur, Chhatisgarh on 14 April 2018 and inaugurated by not less than a person of Prime Minister which depicts the importance and seriousness of the program (9).

The second component helps in availing curative health services, mostly in critical care services, with the provision of 5 lakh rupees to families and would cover 10 crore families in the country covering an average population of 50 crore. All the levels of care such as; primary, secondary and tertiary care were taken care of in the program thereby easing the financial and other burdens on the families. This financial assurance component is otherwise called as the Pradhan Mantri Jan Arogya Yojna (PM JAY). This will facilitate the process of identification of ailments related to non-communicable diseases and other chronic and life style modifications at primary level thereby reducing the crowd at higher centres. This will aid in referral of appropriate screened cases to higher centres for secondary and tertiary care (9).

The **Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides** financial protection against various diseases in the secondary and tertiary care level healthcare settings. It is hoped that it can match up to the escalating cost of private sector at both secondary and tertiary care level. The services include a range of services from screening, diagnostic to therapeutic procedures. It provides easy access to the poor and vulnerable people to private sector as well as government sector which otherwise too charges partly for its services. **The Universal Health Coverage (UHC) which is much discussed in the context of middle income countries is now getting its wings in the name of PM-JAY**.

**T**he National Health Agency (NHA) is the umbrella organization that helps in achieving the goals entrusted by national governments in the matters of policy and implementation. State governments were taken into consideration in the entire implementation process of this program. **PM-JAY focuses on reducing the financial burden and helps in achieving Universal Health Coverage and Sustainable Development Goal -3 (SDG-3) for health and wellbeing of the population. The target is quite ambitious and provides protection to** 10.74 crore poor families (approximate 50 crore individuals) according to the Socio-Economic Caste Census (SECC) data by Registrar General of India. Priority is given to girl child, women and senior citizens which is a promise of the government to provide care for the people that are most vulnerable. The access to health care is cashless and paperless in which the hospitals are not allowed to levy extra charges for the care as per the empanelment conditions set by government. Furthermore, a list of around 1350 medical packages have been listed out that covers surgery, medical procedures, day care procedures, medicine cost and relevant diagnostics cost as well (9).

Under the scheme the existing sub health centres are getting converted in to Health and Wellness Centres which would provide a list of services under the ambit of Comprehensive Primary Health Care. In addition, these HWCs would also provide services in the domain of alternative medicine and Yoga therapy and other health promoting activities. These HWCs would provide services like medicine, minor surgery, antenatal check-up, and diagnostic services that would help in screening of communicable and non-communicable diseases. It is expected that these HWCs would be positioned with appropriate number of trained manpower, logistics and supplies and other supports such as the IT support. These HWCs are expected to have a good linkage services and referral services between community and the higher health facilities respectively.

Under the PM-JAY the empanelled hospitals consisting of private and government hospitals would provide easy access to the best health care facility of the nation thereby helping in financial protection from catastrophic economic damages. This will also enable cashless health services to the poor and marginalized sections of the society. It may be difficult in the part of the government to establish high-end health care centres immediately with all the infrastructure and manpower in place however the same can be purchased form the available sources and be provided to the poor without much time lost.

Insurance is an easy way to achieve the volume of care with risk pooling and was operational earlier in the name of Rastriya Swasthya Bima Yojna (RSBY) and provided an impetus to access the services as per need. However, the coverage amount was low with only provision of Rs. 30,000 per family. The PM-JAY has a much better coverage of Rs 5,00,000 which is sufficient for the entire family even for some diseases requiring prolonged care. The objective behind these services is to create good health and over a period the entire population would be covered with such insurance plan. This would bring UHC in India with quality of care for all.

Albeit the program was expected to get implemented on a pan India basis however some of the states got their own plans for health care to handle the services with better coverage. These models appear similar with provision for curative care services, and protection from high medical expenses. Odisha come up with Buju Swasthya Kalyan Yojna (BSKY) with some additional facility of up to Rs. 7,00,000 per family in case of female members needing care. Telengana comes up with Arogyashee Yojan with additional benefit and coverage. Goa has its own health scheme akin to National Health Protection Scheme in the name of Deen Dayal Upadhyaya Swasthya Sewa Yojna. (DDSSY). Of late Chhattisgarh government also announced to launch a new health scheme and get rid of Ayushman Bharat which was launched by the central government. Under the scheme the state and centre have to provide proportionate share with a ration of centre and state as 60:40.

One of the NITI Aayog member states that the scheme is all about enhancing access with an aspirational approach to disease. The escalation of costs would be controlled by fixing package rates in advance, providing a protocol for treatment, and collection of perception of patient regarding services. PMJAY has no user’s fee and is implemented with the existing alliance of health providers and states (10).

**Universal Healthcare Coverage and PM-JAY:**

Universal Health Coverage (UHC) is a much-discussed topic for the protection of all people across the country. Eventually, evidence found that the progress towards universal health coverage is not remarkable in case of India. The benefit of universal health coverage is very important not just for the maintenance of healthy population of the country but also for the overall economic growth and prowess of the nation. National Health policy (NHP) 2017 has a strong objective to implement National Health Assurance Plan (Ministry of Health and Family Welfare, Government of India. (2017). It has been found that the NHP 2017 goals, policy principles and objectives are geared towards UHC (11). Evidences also corroborate that UHC is having the ability to minimize the mortality and bring about equity in health care (12). Furthermore, lower the financial barrier higher the demand for health services is found across the globe and eventually increase in detection and treatment of cases. This ultimately help the families from catastrophic economic damage (13). These arguments favours for the expansion of UHC for the availability, quality and equitable distribution of services (14).

**Role of Insurance in Ayushman Bharat:**

The public is always at risk owing to lack of adequate public financing and comprehensive risk pooling and is mainly a result of high out-of-pocket expenditure. Sometimes this is coupled with high rise of health care cost affecting equity in health financing and risk protection (6). Despite the increase of access to health care services now-a-days, there still exists great inequity in distribution of health care services mostly related to socio-economic status, geography, and gender(15).

The health insurance companies play a very pivotal role in the provision of services especially to the marginalized communities. The insurance companies not just protect from catastrophic expenditure but also help in larger coverage for accessibility of health care services. The insurance companies pool resources that are heavily subsidised by the government. It is time for the insurance companies to grow both in size and efficiency for sustainable growth in health sector. The insurance companies have a strong presence in various part of India with varied degree of performance. However, by providing services on a pan-India basis there is a scope for overall growth of the system. Ayushman Bharat scheme is a right scheme for the overall growth of insurance industry especially in health sector. Activities like enrolment, raising funds, disbursal of funds to hospital needs meticulous monitoring.

Evidences across the globe show that insurance schemes help in reducing the financial burden among the family group. Effective insurance schemes always bring down the financial damages owing to increased healthcare cost. It is also suggested that if implementation happens properly, scaled up timely, the insurance can save lives more and make the health care service affordable (16,17). Based on these experiences many Indian states have their own schemes for the betterment of the condition. It has been seen that for betterment of care and improvement of quality incentives are given to the hospital in lieu of that the hospitals provide better quality care, more regulated and follow standard treatment guidelines (18,19,20).

However, the gloomy picture is that the insurance coverage among the Indian population is very low thereby provision of financial protection gets automatically low. Surveys reveal that only 10-12 % families in India are covered by the existing insurance schemes. Further, the insurance schemes in India are not very comprehensive instead they only cover secondary and tertiary care ailments. This short of arrangement do not provide much effect in financial protection form health care expenditure. The consultation charges along with medicines and diagnostic services are very high which makes it difficult to afford in the part of burgeoning middle-class family group in India. Hence, insurance must come into play for protection for catastrophic expenditure (21,22).

**Role of Private Hospital:**

The private hospitals are the key building block for the success of Ayushman Bharat scheme. The private hospitals would get more patients by empanelling them with Ayushman Bhatat. They need to be equipped with good manpower and equipment for the smooth functioning of the system. The efficacy and capacity of private sector hospital need to be enhanced for the better functioning as per the demand of the time by upgrading technology, more accessible plans of care, and enhanced quality parameters. The private sector usually focuses on quality which is very much required in a competitive world. There is also requirement of high end services for some diseases which are only available in private sector. The hassle-free operations in private sector have many more advantage than government sector in India owing to their independent decision-making power. However, the negotiated costs by Ayushman Baharat seems to be less, compared to the price in open market for private hospital. However, this would be adjusted by high volume of assured patients that the private hospitals usually receive. The private hospitals should also come up with many innovative models for the cure of masses. Private hospitals are provided with sufficient subsidy and ease of doing business and are facilitated by the government for overall functioning (23,24). This gives them an impetus in functioning with credible technological approach for the emerging diseases. Directly or indirectly the private hospitals are doing business with efficiencies due to tangible government interventions. All these factors may help the system to grow faster for the better care of the patients. The private sector in India has advantage in reaching out to a big volume for its business. This is also fuelled by the underperformance of government sector due to poor decision making, lack of robust monitoring and slow reform according to the need of the time.

Earlier people preferred to access quality healthcare services in private sector. It is not just the health care but the unviability of quality services in government sector helped the private sector to grow by leaps and bound in the country. Health expenditure found to be a factor for poverty up to 3.6% and 2.9% among rural and urban area, respectively (25). Further, every year 60 to 80 million people were in debt and poverty trap due to healthcare cost (4,26).

Despite the goodness in private sector there appears serious complaints against these facilities at different times due to various issues. Reports of malpractice in private healthcare setting have also been reported by different agencies at different point in time (27,28,29). Instances of exploitation and black mailing to recover the patient’s bill by the private hospitals have been in lime light (28,29). Various lawsuits against the insensitive nature of private hospitals regarding patient care have been registered at different point in time (27,28,29). Consideration of all the above-mentioned aspects are non-negotiable prior to empanel these institutions under the Ayushman Bharat scheme.

Evidence found that there is self-regulation of private hospitals by various professional bodies. The self-regulation emphasizes on communality, accountability, subsidies, quality improvement and contracting arrangements (Barnett, 2013; Ensor and Weinzierl, 2007; Morgan and Ensor, 2014). This approach many a time help the private hospitals to grow in leaps and bounds. The effective regulation usher for voluntary activities and effective adoption of established processes and penalty (30).

**Role of NGOs and Civil Societies:**

The non-Governmental Organizations can play an important role in rolling out the National Health Protection Scheme (NHPS). These organizations can disseminate the health-related message and can aid in changing the behaviour of people towards appropriate health seeking. Moreover, these organizations can act as change agents for better delivery of health care services. They have larger reach to masses for the health care services which stems from the wide experience with close engagement in the community. A diversified country like India does really require the service of these organization as they understand the local needs and can disseminate the goodness of the scheme and bring about change on positive health seeking behaviour.

Many a time it has been felt that there is also a dearth of grass roots level workers for rolling out different schemes of government in health sector. Thus, harnessing the capacity of NGOs to reach out the nearby communities appears as an appropriate idea in rolling out Ayushman Bharat program.

Sometimes funding may be a hinderance in implementing health programs, however inefficient utilization creates problem and unsuccessful implementation of flagship programs meant for the vulnerable population. One of the biggest hurdle to achieve the program outcome is due to the unscrupulous behaviour at several sect

ions of the society. Health programs in India found to affected mostly by corruption in many states with the involvement of top level administrators. Unless corruption is tackled there is no meaning of reform (31). Hence, in Ayushman Bharat the civil society must be vigilant, and any malpractice can be brought to the notice for justice. In India corruption charges are inquired over a long-time period without any substantial outcome. Sometimes corruption becomes an issue of the election agenda however politicians forget to bring about required change after the election gets over. However, civil societies can play a pivotal role in restricting all those nuisances with active effort.

**Role of Public Health Facilities:**

The public health facilities have good track record of providing services to the marginalized section of people. The poor and the downtrodden feel free to go to the government hospital and access health services as per the availability with minimal expenditure. Ayushman Bharat scheme levy no charges to the patients with the help of insurance scheme with wider coverage. The money collected through Ayushman Bharat scheme by the hospital can be used for improvement of the hospitals and incentivise the hospital staff for greater motivation in providing care. The Govt. hospitals must be proactive in providing the services as there is equal competition from the private sector for the same patient with higher quality of care. The fund generated from insurance could help building a strong brand for the hospital and improve the grey areas for better catering of health care services. Thus, there is also a need to empanel the government hospitals with the Ayushman Bharat scheme. Moreover, the government hospitals situated in rural areas could help the patients the best way possible as there is strong need of care for the rural area people and the government hospitals have every possibility to provide enhanced health care services. This scheme would usher a new era of universal health coverage given the chance that the hospitals improve in providing care to the indigent people.

In India, the public hospitals are mostly accessed by the poor people than their rich counterparts. The services of private hospitals are sometimes exclusively used by rich (32). Whereas, the maintenance of public hospitals would help the poor to access the health care services as per need. Evidences found that irrespective of urban and rural areas the public facilities serve patients in a more equitable manner than the much-hyped private ones (32). Therefore, the responsibility of public hospital is always very high, and they also need resources for proper maintenance.

**Role of state governments:**

The alliance with the state government is quite encouraging at different levels for the implementation of Ayushman Bharat scheme. The federal structure is given utmost importance during formulation of the plan considering its implementation and evaluation. Massive consultation with states, rolling out of pilot projects and testing have been done before launching the pan-Indian scheme. During the participation of states, they were asked to form a trust, or the implementation can be done with the help of existing trust. Even state governments are given free hand to choose their insurance companies and monitor the development according to the guidelines. The scheme has a good Information Technology infrastructure having sufficient provision for monitoring of frauds at different levels. As government of Telangana has prior experience, they were asked to share the Information Technology (IT) capability which latter on transformed to a robust one for the utilization at pan-India basis. Signing of MoU and cooperation from state for speedy decision making is always a call for the implementation of the program (9).

The state governments must ensure that the scheme works optimally, and a continuous monitoring is required for both clinical and financial parameters for proper functioning the program. The governments must provide its matching share and enrolment must be done as per the target. No beneficiary would be left out from enrolment. There are many hurdles to enrol the poor and rural people into any scheme. However, in health scheme it becomes imperative, and many repercussions would be there if not done properly. Many district magistrates have shown role model in the implementation of government schemes for the poor people. Hence the government should fix responsibility for any type of low enrolment as per the target. The scheme should reach he poor in absolute totality. Without this the achievement for universal health coverage would be a utopia in health sector. The government must be proactive in assessing the financial aspect of the scheme for prudent expenditure. There should be minimization of fraud by using Information Technology (IT), big data analytics, and constant clinical and financial audits. If required experts can be hired for reducing fraud at different level of services provision. This will check the increase of premiums year by year which is a regular phenomenon in the health insurance sector found in private sector. As it is a government scheme, the government have every right to review both the services and processes for improvement and take remedial steps if necessary. This scheme must remain out of any unscrupulous influence form any party politics and compulsion. The corruption in any form is dangerous for the success of the scheme. Thus, ensuring transparency and efficiency for better rolling out of the scheme is non-negotiable. The program need to be a model for many part of the world for treatment of the humanity. The state government must work with central government for proper functioning of the scheme. The fund allocated for the scheme should be spent as per the time line. Many government programs do not spend fund properly which should not be a practice with this dream scheme meant for improvement of the health care services.

Many state governments have their own insurance schemes for the protection of their citizens. Karnataka government have different schemes like Yeshasvini Cooperative Farmers Health Insurance, Vajpayee Arogyashree Scheme (2010) and Rajiv Arogya Bhagya (2013) for protection of various of vulnerable groups. Andhra Pradesh have good schemes like Aarogyasri scheme (continued as Dr NTR Vaidya Seva (2015), Aarogya Raksha scheme, 2017) for the protection of greater proportion of people. Kerala government came up with Comprehensive Health Insurance Scheme (CHIS) and CHIS Plus to strengthen its health care provision and protect the vulnerable. Even smaller states like Mizoram, Goa, Puduchery, Dadra and Nagar Haveli, and Daman and Diu have their insurance schemes like Mizoram State Health Care Scheme, Deen Dayal Swasthya Seva Yojana, Puducherry Medical Relief Society and Sanjeevani Swasthya Bima Yojana respectively. In case of smaller states, the coverage is quite good due to effective operation and less population. Every state crafted their insurance scheme according to the budget availability and need of the people (33)

The role of state government is very crucial in motivating its employees. Studies found that increasing motivational level of health care personnel is very important for the betterment of health centres (34,35). Intrinsic and extrinsic factors must be addressed properly to retain the health care workers (36). Many challenges do exist to motivate health professionals in different conditions (37). Therefore, it is the sole duty of state governments to supply sufficient motivated health care human resource to serve the patients under Ayushman Bharat scheme. This is justifiable because ‘healthcare’ is a state subject and government of India have the role of augmenting various activities.

**Role of Panchayati raj Intuitions and Local Bodies:**

The Panchayati raj institutions and local bodies have enough experience in the provision of services to the people in their locality with the help of their familiarity about the intricacies of the health care system. Many of the local bodies like municipality have existing health department and are serving many patients in their catchment areas. Ayushman Bharat would help in bridging the gap and achieving the financial freedom in long run. Panchayati raj institutions have experience is providing essential social sector services in the locality. This experience can be replicated in finding out beneficiary, enrolment in to the scheme and finally facilitating the process to achieve the targets. The local bodies have the capacity in terms of human resources and infrastructure to cater to the health needs in case of exigencies. They can leverage the infrastructural competencies for the betterment of services. As Ayushman Bharat is a scheme to protect citizens from hardship the PRIs can facilitate in providing the care with utmost importance. As the scheme keeps rolling in the PRIs can make audit and ensure transparency and efficiency in the implementation. The public health concerns like water, sanitation, hygiene of the locality is the responsibility of the municipality. These concerns can indirectly be addressed through Ayushman Bharat by dint of promotion and prevention of health of the concerned population. Local bodies have a strong channel to create good will in the community by effective communication. Thus, by promoting health seeking behaviour and health promotive behaviour they can easily contribute to the Ayushman Bharat to a large extent. This is a win-win situation for Ayushman Bharat and the objectives of the local bodies. It can be envisioned that the Ayushman Bharat would help every local body in the process of realizing the health care goals.

**Role of the Citizen:**

The role of Indian citizen to receive the benefits of Ayushman Bharat depend a lot on the activeness of the citizen. The society must be proactive and help the citizen to receive the benefits of government. There are some duties vested on the citizens regarding public health concerns which can be addressed by health seeking behaviour and enrolment with the Ayushman Bharat scheme. The people must be proactive to maintain the surrounding environment and promoting healthy behaviours. The health and wellness cannot be attained forcefully in a society if the citizens are not willing to contribute and participate. The individuals must play a great role, make the community free from diseases and keep the community healthy as the government can only support to certain extent to create additional value in the healthcare system. The society must be sensible towards the problems of the community and the citizens must cooperate with the initiative of the government.

**Role of Pharma Industry:**

The pharmaceutical sector should also help in the provision of medicines and medical devices to the patients as per the demand of the society. The pharma sector in India was in bad light for its pricing and quality since many years. The quality of medicines must be maintained as per the FDA standards to cater to a section of the society. The insurance may help to a large extend however if the price of medicines and consumables are not met with limited cost then the premium would go up. This shall result in furthering the Ayushman Bharat program to more people and inching towards universal health care. Hence, it is high time for the Indian pharma sector to give impetus on high quality generic medicines with affordable cost.

**Role of Doctors and Health Professionals:**

The doctors and other paramedical staffs must contribute to a great extend toward the care of the people in their respective roles. As the number of patients is supposed to increase in different health care settings it becomes imperative that the technical staffs including doctors must behave proactively in providing utmost care as per the need of the patients. Doctors in government sector many a time were overloaded with cases compromising the quality of care however they need to function effectively for the care of the patients. In addition, the number of doctors posted in various public health facilities are very limited and there has always been a perpetual problem in the country. The scheme however envisions to create a cadre of health workforce known as the Mid-Level Healthcare Providers (MLHP) who would be the leader of the health and wellness centre and would act as a bridge between the community and higher referral centres for the secondary and tertiary care. Their skill up-gradation has been envisioned with a six month’s bridge course under IGNOU, New Delhi after which they will be awarded with a certificate course in community health.

**Role of Information and communication Technology:**

The role of information technology is important in bringing transparency and efficiency in the provision of services under Ayushman Bharat program. IT can use analytics for better designing of the program and monitoring of every aspect of the program thereby improving the quality of services. Furthermore, IT can help in figuring out the targeted intervention and campaign of enrolment. However, it is may not be easy to implement IT in Ayushman Bharat program due to various causes like diverse geography, diverse health care providers, diverse group of beneficiaries, and wide range of vendors. All the stakeholders may not be in one platform even though many of them are familiar with conventional use of computer and IT. Indian IT companies have been providing high quality healthcare IT solutions to United States’ healthcare system including the implementation of Medicare and Medicaid along with Obamacare services through IT solutions. Hence, it is high time to tap the expertise to implement Ayushman Bharat with modern IT solutions which would check frauds and bring about efficiency in Indian healthcare system as well. The IT solutions would bring about information on various aspects of the Ayushman Bharat program in a real time basis in the public domain for decision making. The real time data would help in immediate intervention and logistic issues for all the stakeholders under the program. The government’s role in formulating a common platform for utilization of IT is very crucial. Furthermore, provision of funds is essential to provide such solutions in a wider platform and government should help in overcoming the initial hitches in the implementation of IT solutions.

Information obtained through IT solutions would aid in getting reliable evidence for transforming a program like Ayushman Bharat. The IT system should be able to capture the pertinent information in a systematic manner to benefit the program implementation. The health information system must cater to the patient community, service providers, program managers, policy makers, and other stake holders for effective implementation of PM-JAY. All these stakeholders need information for the implementation and improvement of the health program (38). Studies also suggest IT solutions can bring about awareness among the stakeholders regarding use of HIS, effective utilization of data, accountability among the staffs, and capacity building (39).

**Role of Academic and Research Organization:**

The role of academics is always necessary to transform any large-scale program like Ayushman Bharat. These large-scale programs need meticulous designing, rolling out and evaluation at various levels. The organizations having expertise in health care finance, actuarial sciences, public health, operations research, strategic management, clinical research, and associated expertise should be tapped for improvement of the program. The evidence generated by research help in reduction of cost and increase in efficiency in program implementation. This would help in utilizing resources carefully and in a productive way. Furthermore, independent assessment brings value of the propagation of program at different level. In a democratic set up it becomes imperative to open for scrutiny by independent research organizations for transparency. The academic institutions also advise in policy and implementation aspects based on the evidences for improvement. Academic intuitions can also be tapped for training and capacity building activities for real time solutions. Very often the expertise of institutions in India found a god place in transforming the programs. The constructive criticism of academic exercise helps in building robust system of health care.

It has been argued that the academia of recent time is functioning in the ivory tower and have less engagement with the government policy and programs which undermine the incorporation of useful recommendations churned out of research (40). Hence in Ayushman Bharat program there is a requirement of proactive role of academia in facilitating the implementation and evaluation of the health care programs. A consortium of academic community with variety of expertise ranging from insurance, health systems, public health, health economics, and social determinant of health, health accounting, operations research, actuarial sciences, medicine, and relevant area must come together and proactively need to engage with the government.

In India most of the research are not transformed to action. Thus, the need of the hour is action research to solve the compelling issues in health sector. Furthermore, translational research can take the lab finding to community applications for better result (40). By this the academic institutions can be managed in converting the knowledge into action and reap the benefit in Ayushman Bharat scheme.

**Role of Political Parties:**

The political parties have a great role in deciding policies and their implementation in the society. They are the clandestine contributor of any social security programs including health sector. The ruling government always tries to provide populist measures which usually seems good in short run. Without creating a strong infrastructure, the political parties just create hype to attract the attention of public before election. Many times, due to lack of financial provision many government programs fail and could not meet the desired objective. Sometimes the programs are designed to appease some groups of people those show political allegiance to the ruling party. However, opposition parties must show direction by criticising the government programs in a constructive way. In Indian politics it has been seen that the voice of opposition is heard, and changes are made accordingly to bring about improvement. Sometimes the highlighting of issues by political parties are taken seriously than the scientific finding by independent organizations. Overall, both the ruling and party and the opposition political parties can play pivotal role in shaping any policies of healthcare including Ayushman Bharat. During the recent time some of the non-BJP ruled states came up with their own health care schemes and projected those as better than the Ayushman Bharat and implemented in the jurisdiction of their state. Political parties also scrutinize the health programs both inside legislature to bring about transparency and efficiency in the delivery of services.

**Role of Indian Medical Association:**

The Indian Medical Association (IMA) though have broad mandate to improve health status of the county and safeguard the stake of doctors, still they have a great role in facilitating a pan-Indian program like Ayushman Bharat. They can liaise with both doctors and government for the smooth role out of Ayushman Bharat. There are certain deals having business implications on government doctors, insurance companies and other supporting organizations and IMA can liaise as it has a great control over the services of the doctors and can provide better training and capacity building for smooth implementation. Furthermore, IMA can make awareness though its campaign in the society for better delivery of care.

**Role of Health Workers:**

Unlike many other industry, health services are always labour intensive thereby requiring a huge workforce for providing the same. In India there is a daunting need of health workforce across different cadres however the one million ASHAs engaged under NHM are found to be effective for grassroots level care. The approach of National Health Mission is a good example for creating better health care services by utilizing human resources at different level (41,42).

**Positive outcomes:**

Unlike past programs that heavily focused on reproductive and child health or disease specific programs, Ayushman Bharat focuses on several components with a strong focus on health system strengthening. The number of beneficiaries is also supposed to be increased by considering all the vulnerable groups rather than poor only. First time ever the program relates economic growth and healthcare like many developed and developing countries in the world. The concept reflects a good understanding between NHP 2017 and NITI Aayog’s action plan. Public accountability is increasing as the coverage of media and independent assessment is allowed. Universal health coverage is found to be at centre state due to local and global pressure for the provision of care (33).

The faster implementation of PM-JAY would bring good will and economic prowess sooner. In countries like Germany the domestic health care contribute USD125 million of gross value and propel the export by 8%. The Ayushman Bharat itself has an impact on the creation of employment. In services sector it is difficult to automate many things and there would be still need of manual and personal care. Hence, a scheme like this can add massive employment for the people (43).

**Criticism:**

Some organizations claim that NHPS- PMJAY is not sufficient for the development of health of the citizens of India. The claim of government about the largest scheme like NHPS is not correct from the stand point of the financial allocation in the year 2018-19. The central government have National Health Mission (NHM) which is of Rs. 35,000 crores INR. Whereas the outlay for NHPS is only paltry 2000 crores INR. The negativities of existing health insurance scheme like Rashtriya Swasthya Bima Yojana (RSBY) have been overlooked and hastily the NHPS was implemented without giving much thought for a national level program. The NHPS also undermine the downside side of the insurance schemes by involving the private sector in health care provision. The RSBY experience shows that majority of claims are around 10,000- 50,000 INR much less than 5,00,000 INR which will give wind fall benefit to the insurance company by not serving the higher limits. Further, this would not benefit any substantial number of patients in the society and only be limited to miniscule proportion. The enrolment in the insurance scheme in India is a big challenge which has been found in the RSBY experience. Without strengthening all these factors, the scheme may be futile in catering to the patients and providing financial protection. In the contrary the Jan Swasthya Abhiyan group suggest that massive investments should be there for creation of public health facilities rather than depending on insurance based private sector (44).

The operational intricacies are not well programmed to cater such a huge population in India. Many private facilities are not finding good to be empanelled in the scheme to provide care to the masses. This is due to low rates for the procedures of care. Some questions are thrown for the provisioning of resources for the PMJAY given its wider coverage (10).

According to an analysis out-patient department visits consists of big volume of expenditure for the Indian people. However, it is not covered under the scheme which is discouraging for seeking care in hospitals and health centres. There is no benefit transferred except the age-old promise of strengthening of the PHC and public health infrastructure which is a rhetoric since many decades. Another imminent threat is that change in political leadership by change in government or change in top leadership within ruling government may lead to major upheaval in the provisioning of funds to support Ayushman Bharat. Though Health and wellness centres are highlighted still there is dearth in the middle and low level employees to manage such centres in providing care to the people. There is predominant focus on certain components and lack of integral approach in the development of health care system (33).

It has been argued that Universal health coverage is not just the financial risk protection but the overall provisioning of health care in a continuum basis. Overall, there should be improved access to health services which ultimately leads to good health outcomes (40). According to an estimate only 25 % of India’s population has the luxury to access the health services (46). The provision of health insurance may not be effective, if the health centres are not well equipped. If the health centre is miles away there is no meaning of having an insurance card which is given for protection. Even though the distance is less, and there may be less provision for human resources and essential equipment, still the care would not be effective. It has been argued that the provision of tax payer’s money in purchase of insurance from private firms and treatment in private hospitals have its own repercussion. The opportunity cost foregone by not investing in primary health care infrastructure and human resources for health is huge (Mukherjee, 2019).

The private sector is proactive and participates in every activity of government policy making. Private sector in India has a powerful voice which is usually used for lobbying for their benefit. On the other hand, government do not resist anything, and policies are framed in favour of private sector (40). Hence many decisions are taken in Ayushman Bharat shows favourable ground for the private sector to engage in government schemes without strict monitoring mechanism.

Evidences and arguments found that NHPS is a design by which government is trying to transfer the responsibility to private sector and entrust it to provide as many health services as possible in the country. The increasing importance of private sector is also reflected in the documents of the NITI Aayog draft guidelines on public-private partnership (PPP) for NCDs in district hospitals 2017 and the National Health Policy 2017 on the theme of “strategic purchasing.” This would ultimately culminate in drainage of public money to private parties (47).

Health and wellness centres (HWCs) would be responsible for detection and treatment of patients of Non-communicable diseases (NCDs) like mental health, adolescent health, old age care, palliative, eye and dental cares, lung disease, hypertension, diabetes, and common cancers. This is a herculean task to conduct such things in limited resources and time. Arguments have been made that there would be difficulty in taking many programs with limited resources. There is also shortage of both technical and paramedical staff in the existing centres like specialists, doctors, radiographers and technicians and nurses. As per the guidelines the upgraded HWCs even have to require more staff (47).The budget allocation for HWCs in 2018-19 was Rs 1,200 crore which translate to only Rs 219.18 per day per HWC. This is found to be abysmally low (47).

Socio Economic Caste Census data of 2011 (SECC) considered for enrolment often comes up with severe criticism. The urban poor very often migrate from one place to other are supposed to be excluded from the list. They also do not possess consistent address, mobile number or a ration card which is required by the guidelines for enrolment. Families many a time undergo change and the onus of providing proof lies with the people to get things corrected. The transient nature of unorganized jobs to be listed in Ayushman Bharat scheme is very critical. Studies also reported that exclusion of most vulnerable section of society is found due to out dated list and lack of documentary proof (48).

The PM-JAY is said to be paperless insurance program. However, it is not for the patient to receive the benefit in a hospital. The poor patients need preauthorization documents which is usually verified by Arogyamitra in the hospital to prove the relationship of the patient with the card holder. Studies found that the patients are sent back to gather documents for many process. The distance between hospital and rural area sometimes act as barrier and involves extra cost for the care. There are many other indirect costs also involved with care. There is also information asymmetry between health care provider and patient about the coverage of health services (49).

It has been argued that the PM-JAY is an arrangement for harvesting of data for the private players with the help of a government scheme. Which prevent from the minimum expenditure on health per capita and maximum coverage. Maximum coverage also used as a strategy for garnering votes. Many economically similar performing countries like India had achieved the universal health coverage such as; Brazil, Mexico, Sri Lanka and Thailand. Whereas, India still trivializes the attempt to achieve the universal coverage of healthcare (45).

Authors also found that there is too little allocation for NHPM in the budgets for the coverage of too many people. There is too little coverage at Rs. 5,00,000 per family per year which can be improved a lot. The package rate to the health care facility is quite inadequate and not sustainable for provision of assured services. There is absolutely no proper protection for OPD and expenditure on medicine. There is also lack of sufficient preparation before launching NHPM. The robustness of infrastructure in public health especially work force, and quality parameters are the matters of concern. There are rampant insurance frauds happening across India along with excessive diagnostics and interventions done by private sector. For which they overcharge the insurance company which has not been taken care of properly in the scheme (50).

**Conclusion:**

The ambitious Ayushman Bharat Program need to balance among the stakeholders in achieving harmony while providing universal health coverage. On the other hand, all the stakeholders must proactively participate to benefit the best out of the program. Both the public and private players of healthcare must work in equilibrium to create value in health care chain of services. The roles and the responsibilities of various stakeholders should be codified in a manner that would be acceptable to the stakeholder for furthering the efficiency on a pan India basis. The scheme must prove to be robust over a period in order to achieve the desired goal of universal health coverage in India.

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