

Chapter 9 – Jay Ho: Ayushman Bharat’s Jan Arogya Yojana (JAY) and Health Outcomes

INTRODUCTION:

Public Goods are not adequately provided by the market and thus must be supplied by the government. Thus, provisioning for public goods and ensuring their supply is one of the most important functions of government like universal healthcare. Governance, therefore, entails effective delivery of public goods and services to the vulnerable sections of the society. Most importantly provision of public goods that generate long-term gains to the economy and society is one of the most important aspects of governance in a democratic polity.

- Healthcare being a public good, the Government of India approved the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PM-JAY) in 2018 a step towards universal health coverage. Beneficiaries included approximately 50 crore individuals across 10.74 crores of poor and vulnerable families, which form the bottom 40 percent of the Indian population. The households were included based on the deprivation and occupational criteria from the Socio-Economic Caste Census 2011.
- The scheme provides for the healthcare of up to Rs. 5 lakh per family per year. The scheme provides for secondary and tertiary hospitalization through a network of public and empanelled private healthcare providers. [It is 5 lakh per family on a family floater basis which means it can be used by one or all the members of the family.]
- According to the study conducted by Economic survey, the evidence suggests the following points:
 1. Low-cost care has a higher frequency compared to expensive procedures eg. Rs. 10,000-15,000 claims are on a higher side than more expensive procedures.
 2. General medicines have been the major standard medical treatment.
 3. Dialysis service unlike other general medicine care did not see a steep fall at the onset of Covid-19 or during the lockdown.
 4. General care-seeking exhibits a V-shaped recovery.

Facts on Progress so far of PM-JAY:

- 32 states and UTs implement the scheme.
- 13.48 crore E-cards have been issued.
- Treatments worth Rs. 7490 crores have been provided (1.55 crore hospital admission)
- 24,215 hospitals empanelled.
- 1.5 crore users have registered on the scheme’s website.

Positive correlation between Health insurance coverage and health outcome

- Example of Thailand which brought universal health coverage through insurance in 2001 which helped it in becoming the first Asian country to eliminate HIV transmission from mother to child in 2016.
- Studies in United states find a close correlation between health insurance coverage, poverty, and health.

Now we will try to understand the impact of PM-Jay on health outcomes as it was implemented in 2018, so will try to compare the health indicators measured by National Family Health Survey 4 (in

2015-16) and 5 (in 2019-20). We will try to understand the impact by comparing between states that implemented PM-JAY and those that did not.

Comparing West Bengal (which did not implement PM-JAY) vs its neighbors (that implemented PM-JAY that is Sikkim, Assam, and Bihar joined)

- **Sex Ratio at birth:** In the case of West Bengal, it improved by 1.35% while in the case of 3 neighbors there was an improvement of 6.28%.
- **School Enrolment:** In the case of women with 10 years or more schooling improved in all the states though in West Bengal it was better. But in case of men with 10 years or more schooling it was better in the case of neighboring states compared to West Bengal.
- **Health insurance coverage:** In case of neighboring states, it improved by 89% while in case of West Bengal it decreased by 12%.
- **Mortality rates:** Infant mortality rate declined by 20% for West Bengal compared to 28% for the neighboring states. Under-5 mortality rate declined by 20% for West Bengal, neighbors witnessed a 27% reduction. Neonatal mortality rate 30% for West Bengal and 31% for the neighboring states.
- **Family Planning:** The usage of at least one family planning method improved in all the four states compared, though the impact has been felt in states that implemented PM-JAY. Neighboring states recorded a decline of 37% in unmet need for spacing between consecutive kids while West Bengal did not witness any decline (By unmet need for spacing between consecutive kids, we mean those who want to stop or delay childbearing but not using any methods of contraception). People informed about family planning increased in West Bengal compared to neighboring states though people informed about side effects of current method was higher in neighboring states compared to West Bengal.
- **Registered pregnancies:** It increased in neighboring states by 3% compared to West Bengal which increased by 1%.
- **Postnatal care:** The neighboring states witnessed slightly higher utilization of maternal and childcare services at 13% when compared to West Bengal at 11%. Percentage of institutionalized births increased in all the 4 states.
- **Child vaccination and Vitamin supplements** also increased in the neighboring states compared to West Bengal.
- **Childhood diseases:** Children with diarrhea who received ORS doubled in the neighboring states compared to West Bengal.
- **Awareness about HIV/AIDS:** Proportion of women with comprehensive knowledge and awareness of HIV/AIDS increased by 4 times in neighboring states compared to West Bengal.

Comparing all states that adopted PM-JAY versus those that did not

- **Health Insurance Cover:** It increased by 54% in states that adopted PM-JAY and decreased by 10% in states that did not.
- **Mortality Rates:** Neonatal mortality decreased by 22% compared to 16% in states that did not adopt PM-JAY. Similarly, Infant Mortality rate decreased by 20% compared to 12% in states that did not adopt PM-JAY.
- **Family Planning:** Non PM-JAY states recorded a decline of 15% in unmet need for spacing between consecutive kids while of PM-JAY states it declined by 31%.

On the same lines as discussed above there was a significant improvement in other health parameters like Awareness about HIV/AIDS, postnatal care, Childhood disease and others in states that adopted PM-JAY compared to states that did not adopt PM-JAY.

CONCLUSION

The improvement in the health outcome discussed above stemmed directly from enhanced care enabled by insurance coverage, others represent spillover effects due to the same. The focus of the chapter strong positive effects on healthcare outcomes of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) – the ambitious program launched by the Government of India in 2018 to provide healthcare access to the most vulnerable sections.

ForumIAS