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Pradhan Mantri-Jan Arogya Yojana: Early Experiences in India

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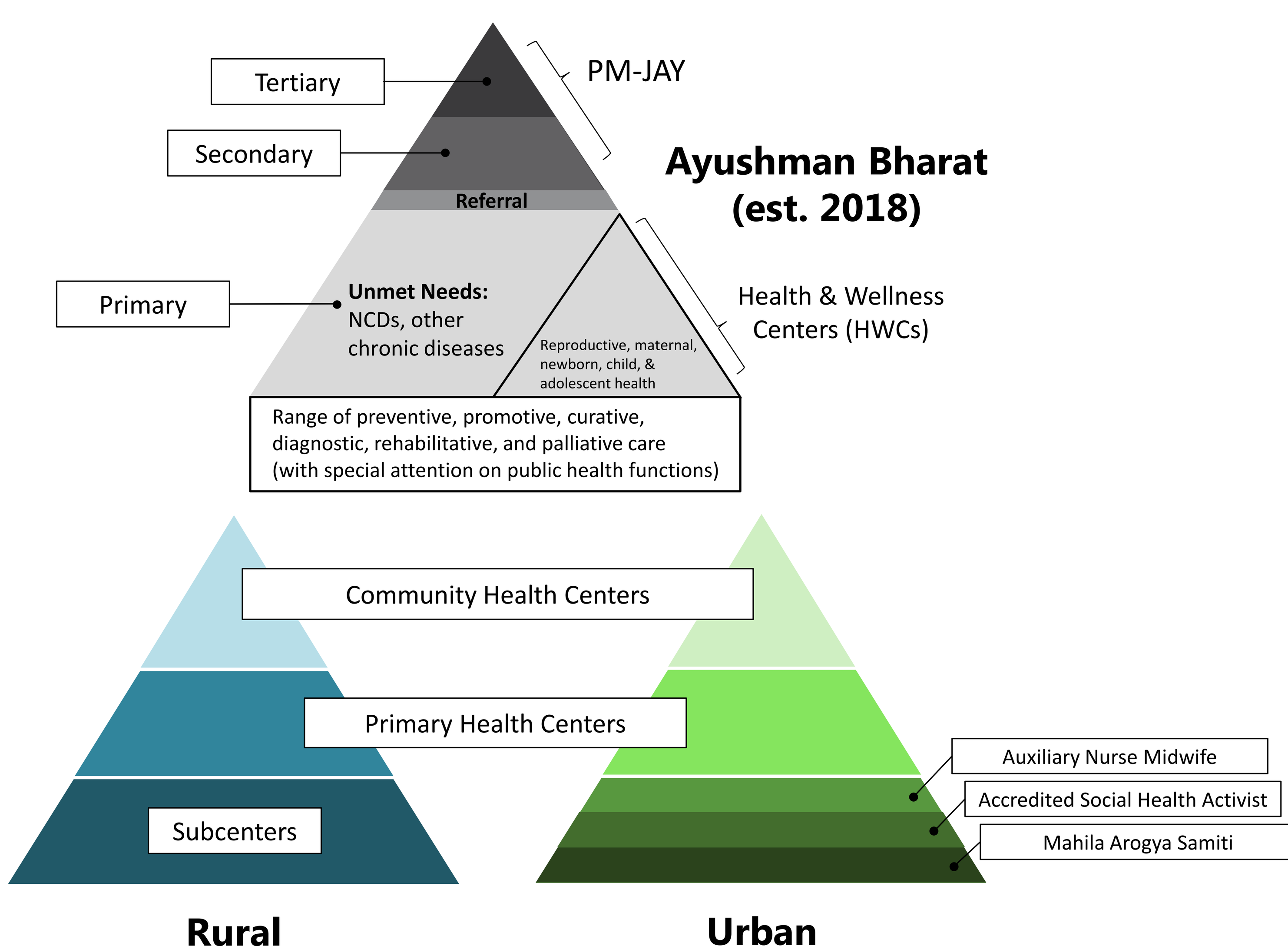
Background

Country Profile

- Lower-middle income country (LMIC)
- 2nd-highest population in the world (1.39 billion)[1]
- **Epidemiological transition:** from 1990 to 2016, 28% decline in communicable disease disability-adjusted life years but 25% increase for non-communicable diseases (NCDs)[2]
- **Highest poverty rate** in South Asia: 21.2% below poverty line of 2011 PPP$ 1.90, exacerbated by urbanization[3]
- **Low government health expenditure (GHE):** 1.17% of gross domestic product (GDP) in 2016, compared to mean GHEs of
  - 2.43% for LMICs
  - 1.57% for lower-income countries[2]
- **Healthcare delivery models**[4,5,6]



Why PM-JAY?

	Rashtriya Swasthya Bima Yojana (RSBY)[7]	Pradhan Mantri-Jan Arogya Yojana (PM-JAY)[9]
Timeframe	Apr 2008 – Sep 2018	Sep 2018 – present
Population Coverage	Below poverty line (BPL) families, up to 5 members within each	Bottom 40% of poor and vulnerable populations
Service Coverage	**Rs 30,000 (~US$ 400)/family/year:** cashless benefits for most in-patient services, all pre-existing diseases, and transportation	**Rs 500,000 (~US$ 6,670)/family/year:** cashless benefits for **secondary and tertiary in-patient** services, all pre-existing diseases, pre- and post-hospitalization fees
Effectiveness	**Lack of financial risk protection:** in 2011, 17.33% of households (HHs) spent >10% of total budget on health while 4.21% were pressed BPL[8]	**?**

Objective

Evaluate the progress and gaps of PM-JAY according to the three dimensions of universal health coverage (UHC):

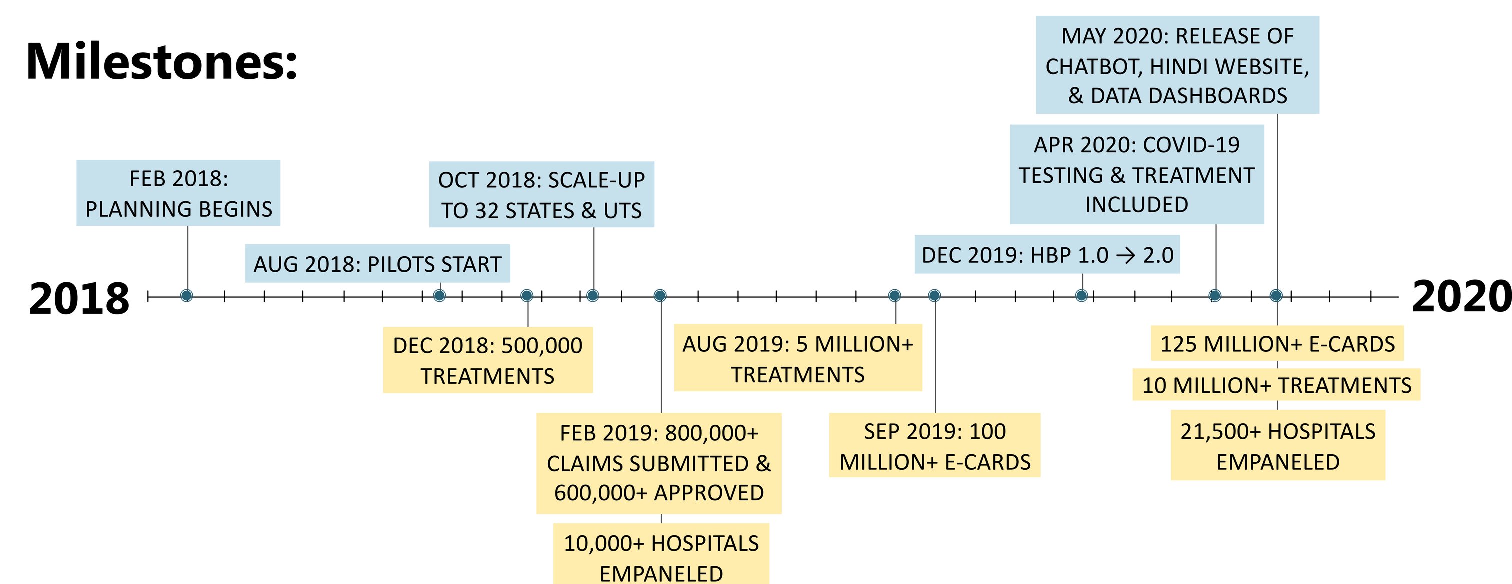
1. **Who** is covered?
2. **Which services** are covered?
3. Has PM-JAY provided **financial risk protection**?

Methods

1. Searched academic databases and gray literature
2. Cataloged findings in summary tables
3. Extracted and analyzed data from PM-JAY website
4. Performed narrative review

Results

Milestones:



Population Coverage

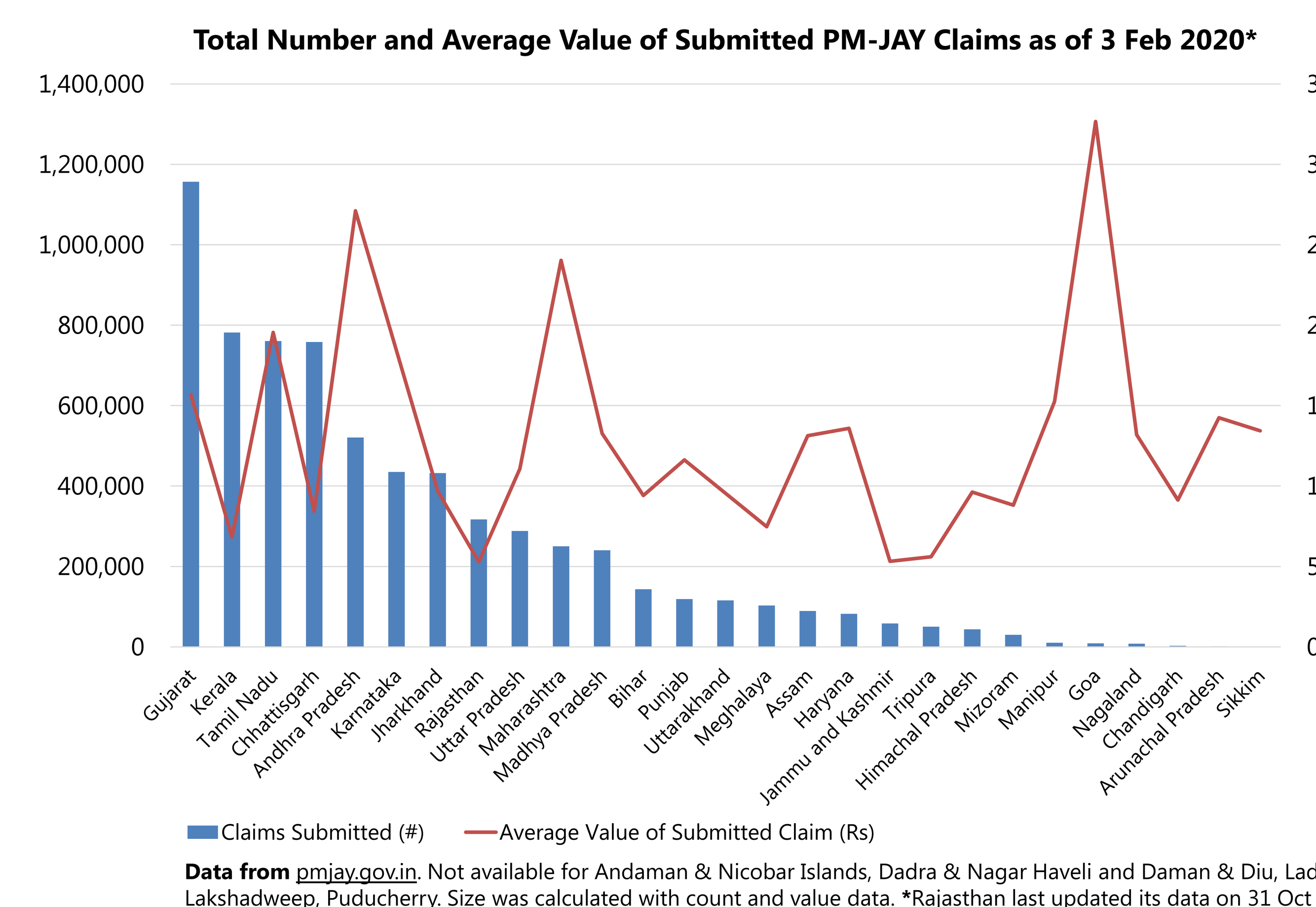
- Eligibility based on Socio-Economic Caste Census 2011
  - Criteria are not comprehensive:
  - **Meghalaya** (12% poverty / 62% eligibility)
  - **Uttar Pradesh** (30% poverty / 38% eligibility)[9]
- Beneficiary identification is disproportionately lower in states without previous insurance schemes

Service Coverage

- 1,350+ packages but **excludes** out-patient services
- Uneven empanelment of hospitals, slow rollout of HWCs[9,10]

Financial Risk Protection

High-value and very-high-value claims make up 32% and 9% of PM-JAY claim payout, respectively. This suggests that the scheme has enabled access to services that would otherwise be out-of-pocket (OOP) or catastrophic health expenditures.[11] However, a case study in Chhattisgarh showed no significant reduction in such expenditures.[12]



Data from pmjay.gov.in. Not available for Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu, Ladakh, Lakshadweep, Puducherry. Size was calculated with count and value data. *Rajasthan last updated its data on 31 Oct 2019.

Discussion

Successes & Challenges

Equity

- Momentous step toward UHC for India
- Skewed distribution of resources (e.g. facilities, staff)
- Less enrollment and service utilization in poorer states[9]

Effectiveness

- Insurance cover nearly 17 times higher than that of RSBY
- Out-patient expenses not covered under PM-JAY despite their majority share in India's OOPE[13]

Quality

- Generally positive feedback from surveyed beneficiaries[14]
- Private sector has high service output yet remains vastly unregulated[15]

Policy Implications

- Empanel more public hospitals in scheme
- Engage local communities (e.g. camps, village officials)
- Address state-to-state disparities in capacity
- Extend coverage to out-patient services to combat OOPE and growing NCD burden
- Institute nationwide standards to oversee private sector and fragmented governance
- Support use of health technology assessment

Future Directions

- Interpret experiences from UHC in Thailand to identify applicable policy recommendations for India
- Collaborate with India partners to examine scheme financing and implementation in Uttar Pradesh

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References

1. Population. United Nations. Available from: www.un.org/en/sections/issues-depth/population/index.html
2. National Health Profile. Government of India. 2019. Available from: www.cbhidghs.nic.in/showfile.php?lid=1147
3. Poverty & Equity Data Portal. World Bank. Available from: povertydata.worldbank.org/poverty/region/SAS
4. Lahariya C. 'Ayushman Bharat' Program and Universal Health Coverage in India. *Indian Pediatr.* 2018;55(6):495-506. Available from: www.indianpediatrics.net/june2018/495.pdf
5. Chokshi M, Patil B, Khanna R, et al. Health systems in India. *J Perinatol.* 2016;36(3):S9-S12. Available from: www.nature.com/articles/jp2016184
6. National Urban Health Mission. Government of India. 2013. Available from: nhm.gov.in/images/pdf/NUHM/Implementation_Framework_NUHM.pdf
7. Rashtriya Swasthya Bima Yojna. National Portal of India. Available from: www.india.gov.in/spotlight/rashtriya-swasthya-bima-yojana#rsby1
8. Health Financing Profile 2017: India. World Health Organization. Available from: apps.who.int/iris/bitstream/handle/10665/259642/HFP-IND.pdf?sequence=1&isAllowed=y
9. Smith O, Dong D, Chhabra S. PM-JAY Across India's States: Need and Utilization. 2019. Available from: pmjay.gov.in/sites/default/files/2019-10/Policy%20Brief%202_Need%20and%20Utilization_Web.pdf
10. Kurian OC. Ayushman Bharat – PMJAY at one: A step closer to universal health coverage. 2019. Available from: www.orfonline.org/research/ayushman-bharat-pmjay-at-one-a-step-closer-to-universal-health-coverage-55807/
11. Dong D, Naib P, Smith O, Chhabra S. Raising the Bar: Analysis of PM-JAY High-value Claims. 2019. Available from: pmjay.gov.in/sites/default/files/2019-10/Policy%20Brief_Raising%20the%20Bar_High%20Value%20Claims_10-10-19_WB.pdf
12. Garg S, Bebarta KK, Tripathi N. Performance of India's national publicly funded health insurance scheme, Pradhan Mantri Jan Arogaya Yojana (PMJAY), in improving access and financial protection for hospital care: findings from household surveys in Chhattisgarh state. *BMC Public Health.* 2020;20(949). Available from: bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09107-4
13. Keshri VR, Gupta SS. Ayushman bharat and road to universal health coverage in India. *J Mahatma Gandhi Inst Med Sci.* 2019;24(2):65-67. Available from: www.jmgims.co.in/article.asp?issn=0971-9903;year=2019;volume=24;issue=2;spage=65;epage=67;aulast=Keshri
14. One Crore Celebration. National Health Authority. 2020. Available from: pmjay.gov.in/1-crore-celebration.pdf
15. Hooda SK. Private Sector in Healthcare Delivery Market in India: Structure, Growth and Implications. 2015. Available from: 111.93.232.162/pdf/WP185.pdf