



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(1): 87-88
www.allresearchjournal.com
Received: 14-11-2019
Accepted: 18-12-2019

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The economic aspect of Ayushman Bharat Yojana for poor people of India

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Abstract

Center Government of India launched a health protection scheme is called Ayushman Bharat Yojana. The Ayushman Bharat Programm has been designed to permote health industry, infrastructure including funds and resources. This scheme will be eliminate 100 million poor people related to health problems. This scheme also covered 5 lakhs health insurance with the 2000 annual premium. This scheme will provide free secondary and tertiary health care hospitalities to all poor urban and rural citizens to across all over the country. Under this scheme State Health Agency (SHA), Trusts, state nodal agency and no profit company will be formes in all States and Uts. Ministry of Health and family welfare continue maintain and supervise the scheme.

Keywords: Infrastructure, insurance, eliminate, strategy, accessibility, information

Introduction

Ayushman Bharat Yojana was launched in 23 Sept. 1 2018 under the ministry of Health and family welfare. The most limelight of Ayushman Bharat Yojana is known as Pradhan Mantri Jan Arogya Yojana (PMJAY). It ensure our arms of the ambitious and innovative strategy to health care facilities to poor citizen of India because quality healthcare facilities remained luxury good of poor citizen. Ayushman Bharat Yojana based on two prolonged approach of improving the comprehensive primary healthcare infrastructure on the ground with rollout of 1.5 lakh Ayushman Bharat health and wellness center across the country till 2022. The aimed of this National scheme to making necessary intervention in primary, secondary and tertiary health facilities. India becomes most populous nation in the next decade overtaking china. India remain a country lowest levels of public health spending as compared globally. Central government spends one-third of the total government expenditure on health facilities. Finance commission recommendation to shift health budget to concurrent list should be implemented so that along with more funds to be efficiently disbursed to the private sector, the center has some regulatory as well.

The fundamental Objectives of the Ayushman Bharat Yojana are

1. To develop the healthcare facilities for poor people of India.
2. To show the need and importance of health insurance in 21th century.
3. Need and importance of fund for public and private health infrastructure.
4. Vision of the government achiving universal healthcare facilities toward 2030.
5. Need to start-up work closely with private and public hospitals.

Need and Importance of PMJAY or Ayushman Bharat Yojana

India is world largest developing country and having 1.33 billion populations in 21 century. Nearly 65% its population lives in villages and 35% live in cities respectively. Most of the Indian state of epidemiological healthcare transition. Most of the population facing health problems of communicable and non communicable disease. Which remain threat of health and economic security. Many people are dying due to poor quality of medical treatment. The transition of health problems due to change in demography, changing social and economic determinans, global warming and the urbanisation.

Prime Minister Sh. Narendra Modi ji rolled out the Pradhan Mantri Jan Arogya Yojana or Ayushman Bharat Yojana on 23 Sept. 2018 in Ranchi (Jharkhand) in the presence of Union

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Health Minister Sh. JP Nadda. Prime Minister termed it a “Game changer initiative to serve the poor”. He also declares Ayushman Bharat scheme must be fruitful for poor of my country must get facilities that the rich enjoyed.

Blueprint of Ayushman Bharat Yojana

Under this project 2500 modern hospitals would be come up in tier-2 and tier-3 cities which would generate healthcare jobs opportunities for the youth. The programme will be based on slogan “*Sabka Saath Sabka Vikas*”. Every eligible person will be able to avail of the benefits there is no discrimination between people, based on religion, caste and region. A health card will be provided to the beneficiaries for availing the benefits and toll free number will be available to the people for finding more about scheme. Medical bill will be funded with 60:40 contributing coming from center and state government. Modi Ji said “*PMJAY is the biggest government sponsored healthcare scheme in the world*”. Beneficiaries of this scheme is almost equal to the population of Canada, Mexico and US taken together.

The Public-Private Partnership (PPP) Model has been adopted in the Ayushman Bharat Yojana for varying results. It is evidence that the hub and spoke model can be successful in pathological services, samples such as blood, urine and other medical test. But as per existing law this model does not work for X-ray and ultrasound and the scan because only radiologists/MBBS doctors are special trained for ultrasonography and ultrasound.

Health and Wellness Center

The National Health Policy 2017 has been envisioned health and wellness centers as the foundation of Indian health system. 1.5 lakh health centers will bring health care system closer to the poor people of the country. These wellness centers will provide free essential drugs and diagnostic services for maternal and child diseases. The budget has allotted 1200 crore for the flagship programme.

National Health Protection Scheme

The second flagship programme under Ayushman Bharat is a National Health Protection scheme. This scheme covers over 10 crore poor vulnerable families providing coverage 5 lakh Rupees per family per year for secondary and tertiary health care hospitalization. This will be the world’s largest government funded health care programme.

These two health sector initiatives under Ayushman Bharat Programme will build a new India 2022 and ensure enhanced productivity. This is the order to further enhance accessibility of quality medical education and health care, 24 New Government Medical College and hospitals will be set up by the grading existing district hospital in the country. Till 2022 government of India would ensure to open at least one medical college for every three constituencies and One Government Post Graduate (PGI) medical college in each state of the country.

Conclusion

Ayushman Bharat Yojana is so fruitful scheme for the poor population towards healthcare facilities but there are some drawbacks in PMJAY unlike the era of RSBY plagued by lax monitoring of fraud insurance. PMJAY –AB involves a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country. Many hospitals have been blacklisted and the

constantly evolving Fraud- Control system will play a major role in streamlining the scheme as it matures. In the Initial Stage it found that high value claims has been revealed that a relatively small number of districts hospital account for high number of these and some hint of an anti woman bias with male patients getting more coverage.

Initial research shows that over 75% of all claims under AB-PMJAY has been generated in six states:

Chhattisgarh	21.2 %
Uttar Pradesh	18.9%
Jharkhand	12.2%
Gujarat	10.8%
Maharashtra	9.0%
Karnataka	6.6%

Despite all efforts to curb foul play, the risk of unscrupulous private entities profit rearing from gaming the system is clearly present in AB- PMJAY.

With all these queries Indian government looking forwards to achieving universal health coverage by 2030 getting the package available in the market for poor and non-poor households to purchase in the next step. Perhaps there can be pilots in urban areas, which will also nudge the private sector towards a sustainable low margin high volume business model in health care.

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