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UNIVERSAL HEALTH COVERAGE



RESEARCH FEATURE

Roll out of the National Health Protection Mission Called Ayushman Bharat!

GOVERNMENT PERSPECTIVE

Implementing the Healthcare Boon called Ayushman Bharat!



How Far Has Ayushman Bharat reached the beneficiaries?

INTERVIEW



DR. S PRAKASH
Managing Director
Star Health and Allied
Insurance Co. Ltd.



2023

The AWARE CONSUMER
wishes
all our readers a
happy and prosperous
New Year!

OUT OF THE BOX
Redefining the
Healthcare Ecosystem
with Ayushman Bharat
Digital Mission

PLUS

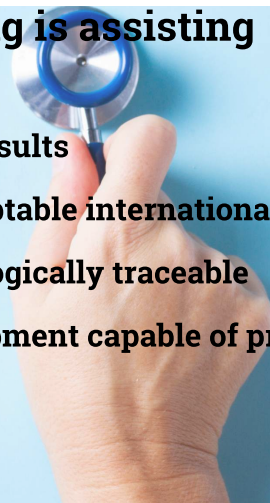
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MESSAGE FROM PUBLISHER & EDITOR



Delivering on The Promise of Universal Health Coverage!

WHAT HAPPENS WHEN a common Indian citizen is hospitalised or visits the nearest medical practitioner because of illness or certain critical ailments, which needs immediate surgery or medication? The first thought to cross his mind is the finances – how will he afford the treatment and how will the additional expenditure impinge on his family! Alas, can medical care allowed to be a function of one's ability to pay?

Healthcare is a fundamental human right; universal health coverage rests on the basic premise of ensuring that everyone has access to the health services they need, when and where they need them, without financial hardship. In fact, this is one of the primary targets set by the United Nations Organisation in its Sustainable Development Goals. Accordingly, all countries, including India, pledged to achieving universal health coverage by 2030.

Universal health coverage will be integral to achieving Sustainable Development Goal (SDG) 3, ending poverty and reducing inequalities. Emerging global health priorities not explicitly included in the SDGs, including antimicrobial resistance, strengthening primary healthcare, also demand action.

India stands staunchly dedicated to the goal of equitable quality healthcare for all citizens. While a number of social security schemes have been initiated in the decades since independence, like the ESIC, CGHS and private health insurance coverage, the Ayushman Bharat initiative is considered the first legitimate move towards achieving universal health coverage in the complete sense of the term!

Operating on the twin pillars of extending free health insurance coverage to the underprivileged and establishing primary 'health and wellness centres' across the country, this manifests our steadfast commitment to truly 'leaving no one behind'! But the world is off-track to achieve the health-related SDGs. Progress has been uneven, both between and within countries. There is a 31 years gap between the countries with the shortest and longest life expectancy. While some countries have made impressive gains, national averages hide that and many are being left out. Multisectoral, right-based and gender-sensitive approaches are essential to address inequalities and to build good health for all.

With four years under the belt, we are attempting to assess how far India has come in its universal health coverage journey based on the success of the Ayushman Bharat mission. While championing what has been achieved so far, we also take this opportunity to call on the leaders at the centre and state levels to make bigger and smarter investments in our health systems and boost primary healthcare in particular! You too can join us to demand action to ensure that the bewitching dream of 'Universal Health Coverage' actually becomes a reality by 2030!

Prof. Bejon Kumar Misra

Publisher & Editor

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PRAFULL D. SHETH

Editorial Board Member

DEFINING THE PATH TOWARDS A HEALTHIER INDIA



ON 12TH DECEMBER, the world observed Universal Health Coverage Day with the theme of 'Build the World We Want: A Healthy Future for All!' This is an annual attempt to raise awareness of the need for strong and resilient health systems while highlighting the deplorable state of millions of people still waiting for health

services. Many such millions are in India who do not even get elementary healthcare, either due to lack of access or affordability!

In the race to achieve economic growth, how can we overlook the basic fact that quality, affordable and accessible healthcare is the primary foundation for people to lead productive and fulfilling lives? Not only this, it also sets the stage for a robust economy.

Alas, even after 75 years of India's independence, healthcare remains largely underserved in our country. The Ayushman Bharat mission is a step in the right direction for sure, but



it has barely scratched the surface. The ambition and scale of the scheme are truly laudable, but can it actually curtail the burden of out-of-pocket expenditure on healthcare for the marginalised sections of the society? Can it shine the light on preventive care rather than focusing on the curative aspects alone?

The unprecedented devastation wrecked by the COVID-19 pandemic

is proof positive that universal healthcare and health security are intertwined goals to protect everyone everywhere. What India needs is a strong, efficient and well-regulated healthcare system. We have made progress in fits and bursts till now; the efforts need to be scaled up radically to really have something to write home about! Universal health coverage is still a 'work in progress' and much more needs to be done.

We are staring at a long and arduous road ahead! But, is there any other choice than continuing to make headway when the lives, livelihoods and futures of the citizens depends on it? ▀

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ROLL OUT OF THE NATIONAL HEALTH PROTECTION MISSION CALLED AYUSHMAN BHARAT!



India is striving to assure that everyone everywhere gets the healthcare they need even if they cannot afford it.

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A strong primary healthcare system forms the foundation for achieving universal health coverage.

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SCALING UP THE HEALTH INFRASTRUCTURE



India has always lacked an extensive healthcare system. The available infrastructure and manpower are not only deficient but also distributed in a skewed manner...

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OUT OF THE BOX

REDEFINING THE HEALTHCARE ECOSYSTEM WITH AYUSHMAN BHARAT DIGITAL MISSION

ABDM is an unprecedented digital initiative that will create an easily identifiable identity for each citizen, healthcare provider and facility under the umbrella of Ayushman Bharat.

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Total number of pages - 64, Including Covers

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DR. MANSUKH MANDAVIYA

MINISTER OF HEALTH & FAMILY WELFARE, MINISTER OF CHEMICALS & FERTILIZERS

“More than 1,500 private hospitals have been empanelled under the Ayushman Bharat scheme in the last one year. The government provides health security cover to 10 crore families or 50 crore people of India.”



ROUNDUP



There is
no health
without
**Mental
Health**

**Mental
Illness**
to be Covered
On Par with
Physical Illnesses



DATA BRIEFING

In 2020 alone, according to the study by Stanford University, US, reports of anxiety and depression in adults rose by more than

25%
compared to previous years.

THE MENTAL HEALTHCARE Act (MHC Act) 2017 states that 'every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness'. Following this, the Insurance Regulatory and Development Authority of India (IRDAI) directed all insurance companies to comply with the provisions of the Act and mandated them not to discriminate between physical and mental ailments.

However, mental illnesses continued to remain largely uncovered by health insurance as most insurers failed to change their policies. Just a few made the provisions on request.

This has finally changed, with the IRDAI issuing a circular in October that, "All insurance products shall cover mental illness and comply with the provisions of the MHC Act, 2017 without any deviation. Insurers are

requested to confirm compliance before October 31, 2022".

Therefore, if you or your insured family members face a mental illness, you will now be covered under both new and old policies. This is how it will work –

- Insurance companies cannot reject an application for an insurance policy just because the person is suffering from a mental illness.
- If you happen to develop such an illness, the claim will be admissible under your existing policy as well.

The rules provide for holistic protection of a person's well-being. While the extent of coverage will vary from insurer to insurer, treatment for disorders like acute depression, schizophrenia, panic disorders, bipolar disorder, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), personality disorder (PD), eating disorders,

dissociative disorders, dementia and Alzheimer's shall be covered.

As most health insurance coverage kicks in on hospitalisation, it will provide cashless coverage for treatment costs, diagnostics, room rent, etc. (depending on the policy), just like for physical health ailments. In case it is one of the newer policies that offers out-patient coverage, the costs of doctor consultations, diagnostic tests, etc. will be covered.

"The recent move by IRDAI is a great step towards recognising that mental health is an epidemic and how critical it is for policies to cover therapy, not just limit it to hospitalisation," says Saurabh Arora, Co-founder-CTO and Head of Healthcare, Plum. Indeed, WHO has reported that 1 in every 3 Indians has depression. The COVID-19 pandemic has increased the incidence of mental health issues due to the excessive stress and anxiety. ▶

Health Insurers Asked to Leverage Professional Registry

THE IRDAI ADVISED general and standalone health insurance companies that offer health insurance policies to consider leveraging the Health Professional Registry (HPR) to build a network of doctors, physicians and other healthcare professionals for providing outpatient treatment (OPD) or other healthcare services. This will enable seamless and cashless functioning of outpatient treatment coverage across the country, including small towns. Building on the network strength even in far-reaching places will go a long way in ensuring better access to healthcare.

HPR is a comprehensive repository of registered and verified practitioners of healthcare professionals delivering modern as well as traditional healthcare services across India as part of the Ayushman Bharat Digital Mission. The healthcare professional ID (HPID) is created via Aadhaar or other KYC, along with the medical qualifications of the medical professional which is verified by his/her respective State Medical Council.

For full use of the national list of healthcare professionals, the regulator further asked these insurers to capture the HPR ID as a verification to validate and authenticate medical practitioners while issuing and renewing policies for medical malpractice under the professional indemnity cover. "This will enable digitisation and ease the process of buying and selling the Professional Indemnity policies and push for HPR registration among the healthcare professionals," IRDAI said. This will also help in avoiding medical malpractices under professional indemnity cover.

This way the regulator is also indirectly encouraging the insurers to offer more flexible policies outside of the hospital network! ▶



Transgenders to be Covered Under Ayushman Bharat PM-JAY



THE TRANSGENDER COMMUNITY suffers stigma and exclusion across India. Now, a landmark move will bring transgenders under the ambit of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY)!

The National Health Authority (NHA) signed a Memorandum of Understanding (MoU) with the Department of Social Justice and Empowerment in August 2022 to provide inclusive and composite health package for transgenders under PMJAY.

This will extend all healthcare benefits to transgender persons (holding a transgender certificate issued by the National Portal for Transgender Persons) across the country. The Ministry of Social Justice and Empowerment will fund Rs. 5 lakh insurance cover per transgender beneficiary per annum. A comprehensive master package is being prepared for the transgender category including the existing PMJAY packages and specific packages like

Sex Reassignment Surgery (SRS) and treatment.

As a result, transgenders will be eligible to seek treatment in any PMJAY empanelled hospitals across the country, where specific packages will be made available. The scheme would cover all transgenders not receiving such benefits from other centre/state sponsored schemes.

Approximately 4.8 lakh transgender people are registered with the Ministry of Social Justice. They are now a part of the PMJAY database which was originally limited mostly to the 2011 SECC data. It should be noted that the PMJAY Rs. 5 lakh health cover is for a family. But this definition has been changed for transgenders; now each individual transgender person will have a health cover of Rs. 5 lakh under PMJAY.

This move is a great step towards ensuring rightful and respectable place for transgenders, thus promoting an inclusive society! ▶

Government Announces India is Prepared to Deal with Health Emergencies

AT THE CONFEDERATION of Indian Industry (CII)'s 19th Health Summit 2022 in November, Union Health Minister Mansukh Mandaviya said, "India is prepared to deal with the health emergencies. The goal is to work with the industry while forming synergies. The country has moved towards accessible, affordable and quality health care."

He further stated that the government had realised the value of healthy citizens and launched various initiatives like Ayushman Bharat in the health sector that had proven to be milestones in fulfilling an accessible, affordable and quality health care system. He also called for the support of the private sector to maintain and upgrade the growing health infrastructure.

Shobana Kamineni, ex-President, CII and Executive Vice-Chairperson, Apollo Hospitals highlighted that, "India's G20 leadership will put India at the forefront and centre of the global stage and gives the right time for healthcare to contribute to how India will engage with the rest of the world".

It is noteworthy that some state governments are extending the benefits of Ayushman Bharat Yojana to



additional beneficiaries through their own resources so as to cover the catastrophic health expenses of a greater proportion of the population.

For instance, the Haryana government recently permitted other needy people who are not included in the 2011 Socio-Economic and Caste Census (SECC) data to seek the Ayushman Bharat benefits by increasing the eligible annual income limit of BPL families from

Rs. 1.2 lakh to Rs. 1.8 lakh. With this, the scheme now covers 28 lakh families in the state, with the financial liability of the around 12.5 lakh extra families being borne by the state.

Meanwhile, Karnataka topped the charts in the registration of health professionals under the Ayushman Bharat Digital Mission (ABDM). 28,643 doctors and nurses have registered in the Healthcare Professionals Registry (HPR). It is also ranked second in the registration of health facilities in the entire country with a total of 27,244 facilities under the Health Facility Registry (HFR). With 4.58 lakh personal health records of patients linked to Ayushman Bharat Health Accounts, the state is in the second position in this category too. ▶

Centre State Co-Branding on Ayushman Cards

AYUSHMAN CARDS ISSUED to the beneficiaries of the scheme have always carried the logo of the centre. This was recently amended to feature the logos of both the centre and state. Therefore, these cards can now be used for central as well as state health schemes.

The Ministry of Health and Family Welfare's move to issue rebranded cards will make portability of medical services within the country easier. "This will especially benefit those beneficiaries who have to travel outside their states for medical treatment", said RS Sharma, CEO of National Health Authority (NHA). ▶



Consumers, Beware



Why India Needs **Ayushman Bharat?**

Healthcare for the masses is in a deplorable state in our country! Multiple schemes have failed to improve the common man's access to quality and affordable healthcare. We obviously cannot rely on private healthcare for everyone. In this situation, Ayushman Bharat has emerged as a hope for achieving at least a semblance of universal health coverage!

As we very well know, private healthcare in India caters to only those who can afford it!



PUBLIC HEALTHCARE IS free for every Indian resident. But how many of us actually rely on this avenue? Why are people filled with trepidation at the very thought of entering a government hospital? Why do the poor agonise so much over the prospect of availing medical treatment?

According to the National Family Health Survey, poor quality of care in the public sector makes more than 57% of households prefer private healthcare even though they have to foot the bill by themselves. But these private hospitals acquire draconian proportions for the financially deprived populace with the additional expenditure extracting its pound of flesh from their families.

This is how it rolls out every time – When a poor person falls sick, the colossal private medical bills wipe out the family's already meagre savings. The breadwinner has no choice but to borrow money or sell the scanty assets, sometimes to the extent of mortgaging the few pieces of jewellery they may own! Alas, they sink more deeply into the quagmire of poverty. Post-recovery, the family embarks on another laborious struggle to improve their lot in life, only to have all the efforts squashed when the next health calamity strikes. And the vicious cycle continues....

Another poignant fact is that sick people in the villages often literally have to walk hundreds of kilometres to the nearest town to avail decent medical facilities!

The biggest flaws in our healthcare system are the fragmented architecture and lack of accountability. These contribute to poor quality of care in both public and private sectors.

Indians Have to Spend on Their Own for Healthcare

Alas, medical care is currently centred in the urban areas and mostly in the hands of the private sector. In fact, the public sector only covers about 20% of outpatient and 40% of hospitalisation services in the country. On the other hand, private



India's health system ranked in the bottom third decile of 204 countries with an effective UHC coverage index score of 47 out of 100. - Global Burden of Disease Study 2019

healthcare is mostly associated with rampant profiteering. This imbalance has catapulted even basic healthcare into a commercialised entity – one that is outlined by exorbitant charges that are only getting more expensive by the day.

Most of the healthcare expenses are paid directly out-of-pocket by the masses, rather than through health insurance due to incomplete coverage. To put a number on it, as per WHO estimates in 2017, the out-of-pocket expenditure in India as a proportion of total health expenditure stands as one of the highest in the world at 62.4%. A whopping disparity against the global average of only 20.5%. Even the National Health Authority's 2017-18 estimates placed

our out-of-pocket spending at 49% of total health expenditure.

These out-of-pocket payments are such a heavy burden that the marginalised sections harbour a morbid fear of medical treatment, to the extent that they simply avoid going to the hospital! Sometimes, leaving it until it becomes too late....

Out-of-pocket expenditure on health in India is one of the highest across the world. And this is pushing millions into poverty every year!

Indeed, health expenditures prove to be catastrophic for two-thirds of the poorest households. It leaves

them grappling to even eke out an existence. Not only this, an unexpected health crisis can unleash a debilitating panic for the middle-income segment as well. The heavy blow on their finances often drives them into indebtedness and potential impoverishment. So much so that, every year approximately 7% of our population sinks below the poverty threshold while scrambling to cover their healthcare costs!

More than six crore people every year - or 7,000 per hour - are pushed into poverty due to out-of-pocket

medical expenses. – Government estimates.

Government Schemes to the Rescue?

The government has introduced varied interventions to ease the burden of healthcare costs, especially for the underprivileged. But the sad fact is that they have proved to be largely ineffective in offering universal healthcare access.

A sick person from a poor family is often taken to the nearest public healthcare centre at the first instance

in the hope that one of the health schemes will cover the expenses. However, government healthcare mostly disregards the temporary workers and the unorganised sector – these sections of the populace cannot register for these schemes and miss out on the rudimentary health coverage. India's health system ranked in the bottom third decile of 204 countries with an effective UHC coverage index score of 47 out of 100. - Global Burden of Disease Study 2019

The eligible beneficiaries hardly fare better – they are either turned away by the facility or get shoddy treatment at best!

Ayushman Bharat – A Beacon of Hope

We have appallingly underinvested in healthcare in the long years since independence. Every government has been repeatedly promising to increase public spending on health. However, it continues to stand at around 1% of the GDP!

In fact, a group of health advisors and activists had approached different political parties before the 2014 general elections to make universal health coverage a part of their manifesto. The Bharatiya Janata Party alone agreed to live up to the country's promise to the public as signatories to the Sustainable Development Goals of the United Nations. On storming into power, the Union Health Minister, Dr. Harsh Vardhan did set the ball rolling and some key healthcare initiatives were in the works.

But it was only in 2018 that the government displayed a serious commitment to healthcare by launching the ambitious and ground-breaking Ayushman Bharat scheme.

Conclusion

Universal health coverage is a rights-based approach to health. We have made progress in fits and bursts till now. Ayushman Bharat is a huge step to radically scale up the efforts to make noteworthy headway towards achieving universal health coverage. If implemented properly, it can also fuse the fragmented healthcare in our country! ▶



Government is working with a holistic approach to improve health sector. Our focus is on both 'affordable health care' and 'preventive health care'

- Prime Minister Narendra Modi



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65th Anniversary

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**Ayushman Bharat has re-invigorated India's health landscape
by providing the much-needed health coverage!**

India is striving to assure that everyone everywhere gets the healthcare they need even if they cannot afford it. The vision, ambition and scale of Ayushman Bharat PMJAY are as laudable as are the implementation and achievements of the same!

THE WORLD HEALTH Organization (WHO) declared health as a fundamental human right in its constitution in 1948 and set the 'Health for All' agenda through the Alma Ata declaration in 1978. A progressive realisation of Universal Health Coverage (UHC) is a universal feature of all the United Nations' Sustainable Development Goals. The SDG 3.8 specifically aims to "achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all" by 2030.

It goes without saying that countries that work towards achieving UHC will also make progress towards the other health-related targets as well as the other goals. India also made a commitment to enable access to high-quality health services for everyone, everywhere. However, our country has always been characterised by an inadequate healthcare system, with the underprivileged communities being at a huge disadvantage.

Successive governments have drafted different policies and mechanisms to extend healthcare to all citizens. This commitment shines through in the form of beneficial programs like the Central Government Health Scheme (CGHS), Employees' State Insurance (ESI), National Rural Health Mission (NRHM), Rashtriya Swasthya Bima Yojna (RSBY), etc. apart from various regional healthcare schemes. However, they have mostly been plagued by implementation issues, unnecessary delays in reimbursement, red tape, frauds and lack of proper oversight.

The key barriers to universal health coverage range from poor infrastructure, non-availability of basic amenities, heavy out-of-pocket payments and catastrophic expenditures to shortage of health workers, expensive medicines and medical products, low access to innovative technologies, etc. Much more can and should be done.

The actual political will remains questionable with the public health expenditure remaining mostly stagnant at a marginal 1% of the GDP. (see Figure 1)

A 2017 study by Lancet – dubbed the Indian version of the Global Burden of Disease Study - reported major diseases and risk factors from 1990 to 2016 for every state in India.

Setting the Stage

It was the third National Health Policy of 2017 that laid down the goal of attaining the highest possible level of health and well-being for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence. This has to be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

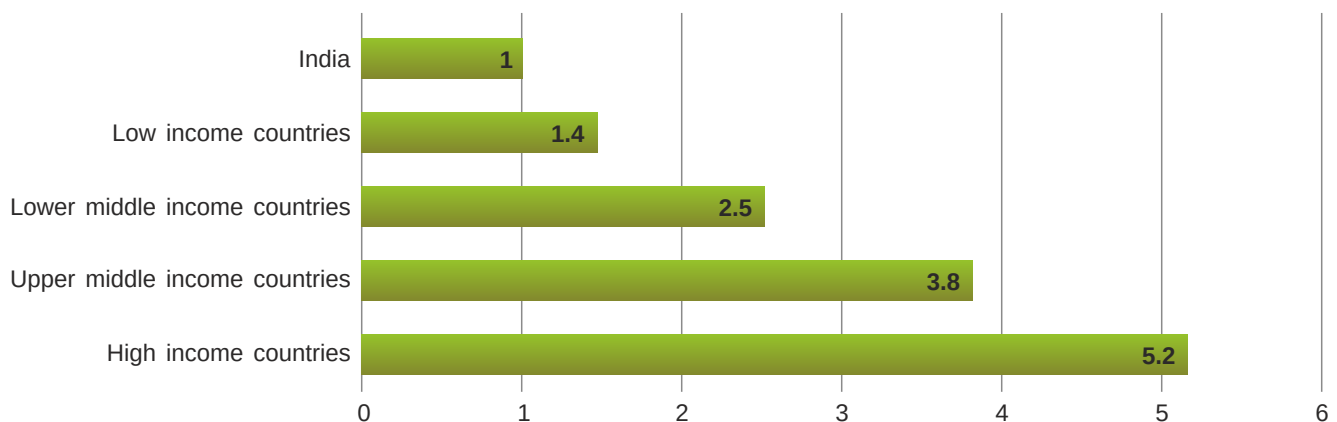
Accordingly, the policy proposed escalating health expenditure by the government to 2.5% of the GDP by 2025 (this will also only be half of the recommended 5% for UHC). It also envisaged decrease in proportion of households facing catastrophic health expenditure from the current levels by 25% by 2025. For this, it endorsed free provision of primary care by the public sector along with free drugs, diagnostic and emergency services in public hospitals.

Ayushman Bharat in Motion

Following on the National Health Policy, the centre launched the pathbreaking Ayushman Bharat Yojana to achieve UHC.

This is a gigantic move that aims to bring about a paradigm shift from the current sectoral and segmented approach of health service delivery to a comprehensive need-based healthcare service.

Fig. 1: Public Expenditure on Health as % of GDP across World Bank Income Groups (2015)





The flagship scheme has two inter-related components:

- **Health and Wellness Centres (HWCs)** to deliver comprehensive primary healthcare services - spanning preventive, promotive, curative, rehabilitative and palliative care - free-of-cost to the entire population
- **Pradhan Mantri Jan Arogya Yojana (PMJAY)** for improving access to hospitalisation services at secondary and tertiary level health facilities for the bottom 40% of the population

The first vertical focuses on upgrading 150,000 existing government primary healthcare facilities and making them functional as HWCs by December 2022. The second PMJAY dimension – (earlier known as Ayushman Bharat National Health Protection Scheme or NHPS and now dubbed Modicare) - was in the limelight with its ambitious plan to provide free access to health insurance coverage to around 53 crore low income citizens (roughly equal to the entire European Union). The insurance cover will be up to Rs. 5 lakh per family per year (on family floater basis) for 10 crore households in secondary and tertiary care facilities.

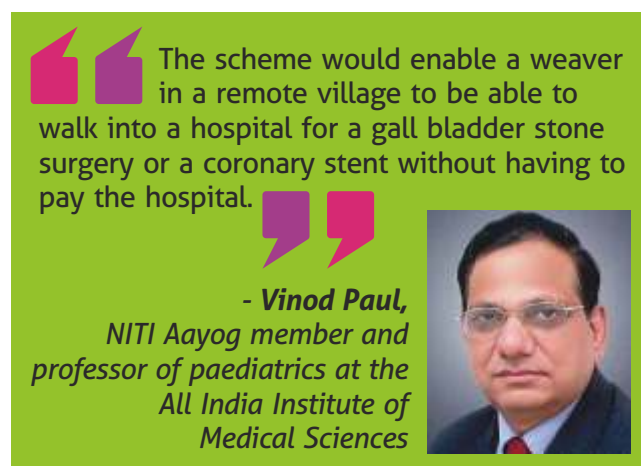
This national public health insurance fund does not place any restriction on family size, age or gender. It covers 3 days of pre-hospitalisation and 15 days of post-hospitalisation at the empanelled public and private hospitals. All previous medical conditions are covered from day one.

Therefore, more than one-third of the population gets access to facility care for almost all the medical and surgical conditions that could occur in their lifetime (outpatient care, cosmetic treatments, drug rehabilitation, fertility treatment and organ transplants are excluded). All costs related to almost 1400 treatments are covered. This includes:

- Medical examination, treatment and consultation
- Pre-hospitalisation
- Medicines and medical consumables
- Non-intensive and intensive care services
- Diagnostic and laboratory investigations
- Medical implantation services (where necessary)
- Hospital accommodation, OT and ICU charges
- Food services
- Complications arising during treatment
- Post-hospitalisation follow-up care

It works like this – the covered population can receive primary care services at a HWC or anywhere else. When they need advanced care, PMJAY provides free secondary healthcare for specialist treatment and tertiary healthcare for hospitalisation. This is both cashless and portable - beneficiaries can avail medical treatment at any PMJAY empanelled hospital anywhere in the country.

Therefore, Ayushman Bharat brings all the economically vulnerable sections of the society under the umbrella of health coverage, including the unorganised and self-employed class of carpenters, cobblers, transport workers, domestic workers and labourers as well as other disadvantaged segments of the community.



What's more, free COVID testing is also being provided along with coverage for quarantine and treatment expenses.

Empanelment

To grow a network of healthcare centres, both public and private hospitals that conform to specific quality standards and other criteria are empanelled on a pre-emptive basis. Healthcare providers can join the scheme if they are willing to provide hospitalised treatment for specified ailments at a pre-decided lump sum price. Beneficiaries can choose amongst the empanelled hospitals.

Each empanelled hospital has a dedicated help desk for the beneficiaries manned by a dedicated staff called Pradhan Mantri Arogya Mitra (PMAM). Their role is to facilitate cashless medical treatment of beneficiaries at the hospitals. Empanelled hospitals are also given a series of incentives to encourage them to constantly improve their quality standards.

Awareness

Ayushman Bharat being an entitlement-based scheme without any advance enrolments, spreading awareness among the beneficiaries is an utmost priority. A slew of information, education and communication activities were initiated across the country.

A letter from the Prime Minister was sent to all beneficiary families to make them aware about their

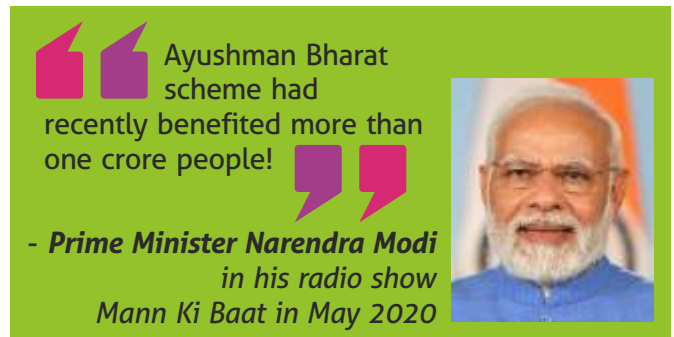
entitlements under the scheme and also provide them a family card with unique family ID. Various communication channels like posters, banners, print media, television, radio, social media, etc. are used to reach beneficiaries and other stakeholders. A dedicated PMJAY portal provides all the relevant information and links like operational guidelines, list of empanelled hospitals, grievance redressal portal, etc.

How it Works?

The households included under Ayushman Bharat are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. It covers households enrolled under RSBY and also defines the eligibility/non-eligibility criteria for receiving the health cover.

Beneficiaries do not have to enrol/register anywhere to claim the benefits. Here's how you can check whether you are eligible or not:

- **Online** - Visit www.pmjay.gov.in and click on 'Am I Eligible'. Enter your mobile number and the CAPTCHA code and click on 'Generate OTP'. Then select your state and search by name/mobile number/HHID number/ration card number. If you are eligible, your name will reflect on the right-hand side; you can even check the beneficiary details by clicking on the 'Family Members' tab.
- **Helpline**: Call the customer care number 14555 or 1800-111-565 to check your eligibility or get other information about PMJAY Scheme, Ayushman card/e-card, applying for/downloading Ayushman card, filing grievances, etc.
- **In Person**: You can approach the nearest Common Service Centre or empanelled hospital for assistance. They will check your eligibility using Aadhaar card, ration card or PMJAY enrolment letter (will have a unique QR code and identification



number). Once the verification is complete, an Ayushman Bharat e-card will be issued that can be used as proof in the future.

Implementation

AB PMJAY was first launched on 23rd September, 2018 at Ranchi, Jharkhand. In its very first year, the scheme received a tremendous response – it managed to reach more than 39 lakh people who availed cashless treatment worth over Rs 6,100 crore, resulting in savings of Rs. 12,000 crore for the benefitting families. (then Health Minister, Harsh Vardhan).

According to the Economic Survey 2020-21, "PMJAY is being used for high frequency and low-cost care consistent with the general utilisation of healthcare services. It has also shown that services such as dialysis continued to be utilised without disruption even during the COVID pandemic and the lockdown. General medicine, the overwhelmingly major clinical specialty accounting for over half the claims, exhibited a V-shaped recovery after falling during the lockdown and reached pre-COVID levels in December 2020." The survey also reflected significant improvements in several health outcomes in states that implemented PMJAY versus those that did not.

"The average hospitalisation at Rs. 20,000 per episode is more than the annual consumer expenditure of nearly half our population. Further, delayed hospitalisation can be debilitating and have long-lasting negative effects. PMJAY has averted these disastrous consequences....."

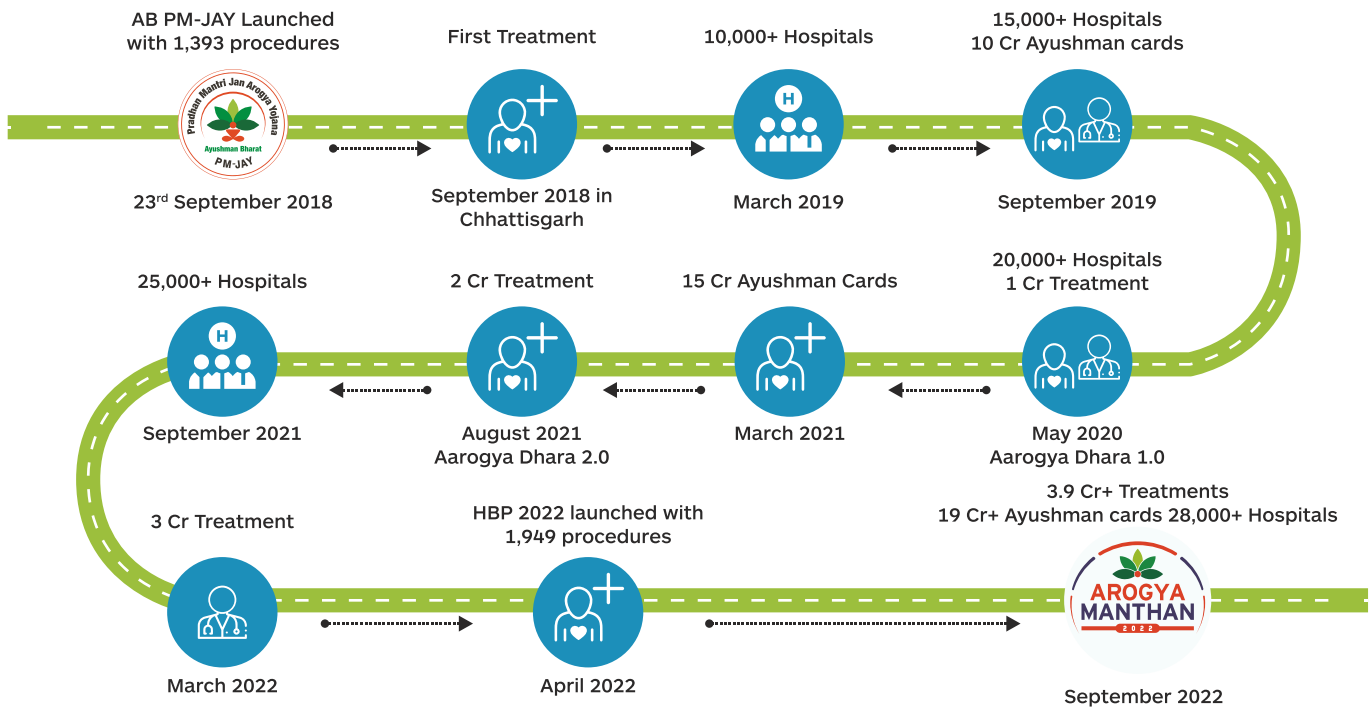
– NITI Aayog

Fig. 2: Latest Data on PMJAY



IMPORTANT MILESTONES

Journey of Ayushman Bharat PM-JAY



Current data reveals that over 18 crore individual Ayushman cards (earlier known as Golden Card) have been issued with more than 4 crore hospitalisations worth around Rs. 25,000 crores. (see Figure 2) The coverage has also been extended to 33 states and union territories.

Grievance Redressal

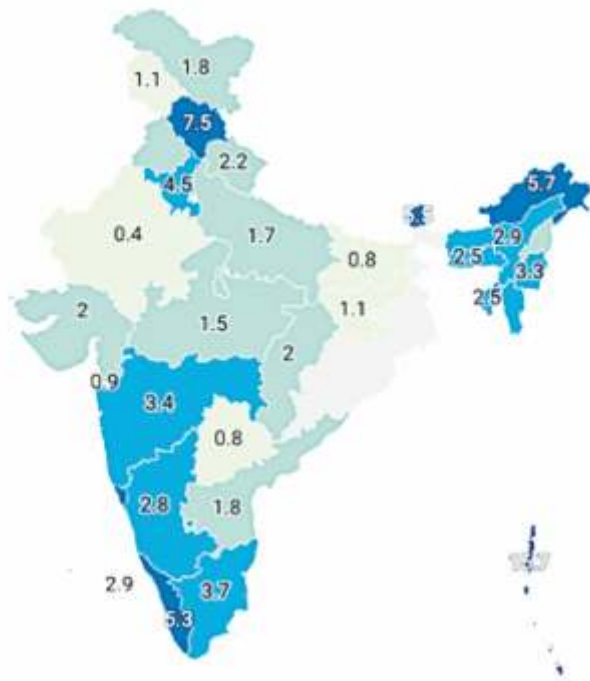
There is a multi-tier grievance redressal system at the district, state and national levels with a dedicated nodal officer at each level. People can easily register their grievances at the IT-enabled and web-based grievance redressal system called CGRMS - <https://cgrms.pmjay.gov.in/>. (see Figure 3) Arogya Manthan is organised every year to celebrate the anniversary of the launch of AB PMJAY. The 4th anniversary was commemorated with the 'Arogya Manthan 2022' event in September last year. It brought together global and national experts from the healthcare sector along with government officials and SHA officials to deliberate and collaborate for drawing the future roadmap of the flagship scheme.



AB PM-JAY is not merely a health insurance scheme, it is a new lease of life for the poor and the deprived, who have been struggling to access quality secondary and tertiary healthcare for a long time. It is my ardent belief, that AB PM-JAY will grow and achieve many new heights. Let us all remember that serving mankind is equivalent to serving God, and this thought shall motivate all of us every day to help and grow together!

- **Mansukh Mandaviya,**
Union Minister of
Health & Family Welfare





Number of Beds in Empaneled Hospitals per 1000 Population

Top States	Top NE/ Hilly States	Top UTs
Goa	Himachal Pradesh	Puducherry
Kerala	Arunachal Pradesh	Chandigarh
Haryana	Sikkim	A & N Islands
Tamil Nadu	Manipur	Lakshadweep
Maharashtra	Mizoram	Ladakh

Note:

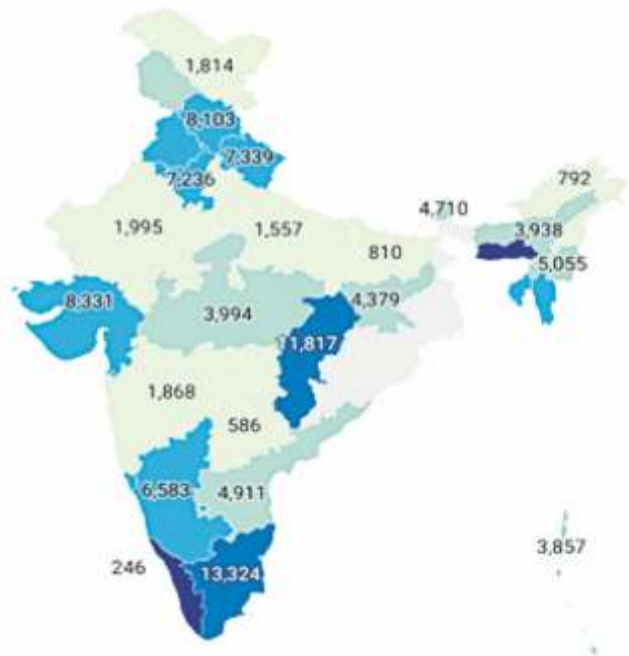
1. Bed strength information is available only for 75% of the hospitals
2. Delhi, Odisha and West Bengal is yet to resume the scheme.

Hospitalization per Lakh Beneficiary Population

Top States	Top NE/ Hilly States	Top UTs
Kerala	Meghalaya	Chandigarh
Tamil Nadu	Mizoram	DNH and DD
Chhattisgarh	Himachal Pradesh	Puducherry
Gujarat	Tripura	Jammu & Kashmir
Goa	Uttarakhand	A & N Islands

Note:

1. Delhi, Odisha and West Bengal is yet to resume the scheme.



Percentage of Claims Paid

Top States	Top NE/ Hilly States	Top UTs
Bihar	Meghalaya	DNH & DD
Haryana	Nagaland	Jammu & Kashmir
Maharashtra	Uttarakhand	A & NI slands
Andhra Pradesh	Assam	Lakshadweep
Uttar Pradesh	Mizoram	Puducherry

Note:

1. Delhi, Odisha and West Bengal is yet to resume the scheme.
2. Data for Tamil Nadu was not available.

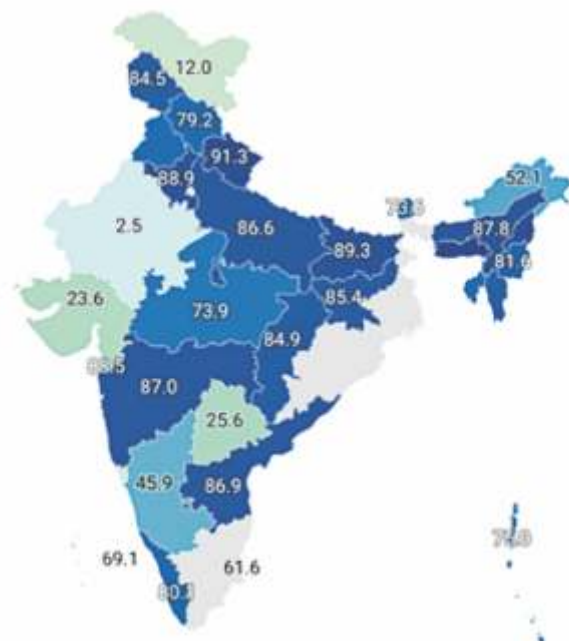
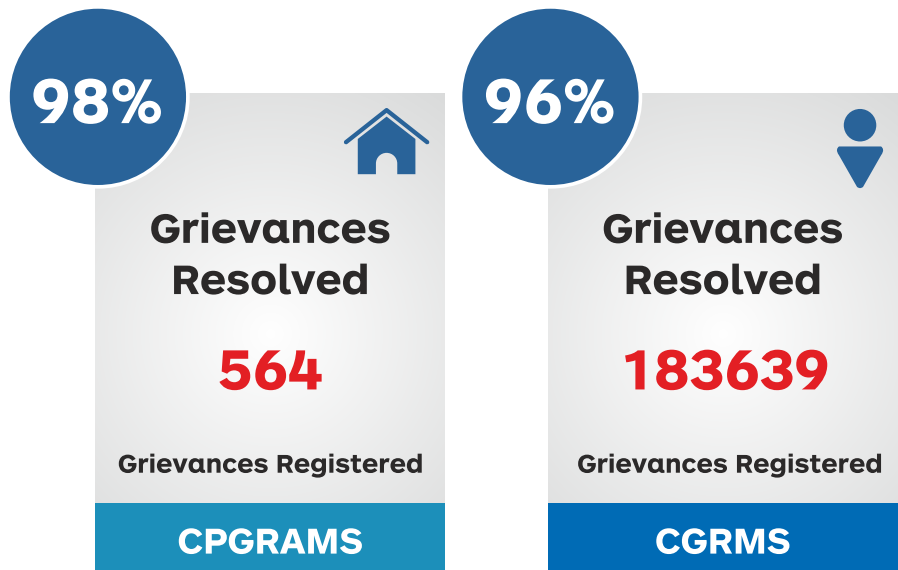


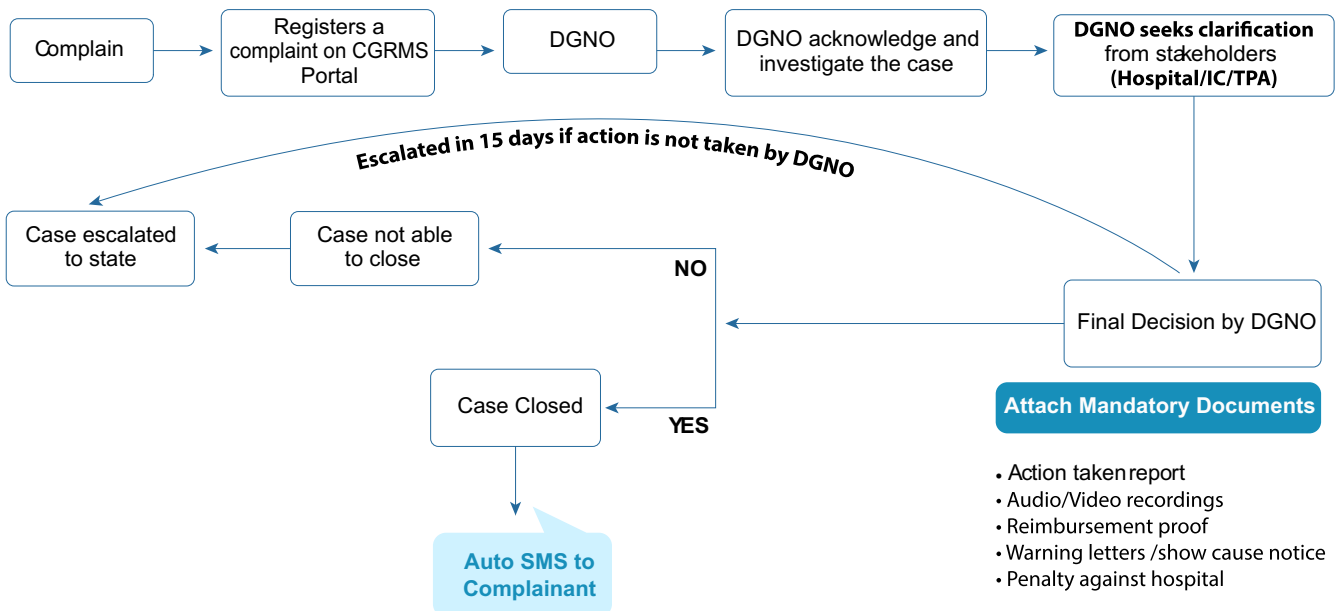
Fig. 3: Grievance Resolution Status Under PM-JAY

From 1st September 2021 till 31st July 2022 total of 1,83,639 grievances were registered on the CGRMS portal and 564 grievances were registered on CPGRAMS, wherein 96% and 98% of grievances were resolved on CGRMS and CPGRAMS.

Date period: September 2021 to July 2022



Process Flow of Grievance Redressal



VISION

“Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all”.



MISSION

“Creating the world’s best health assurance programme on an efficient and technologically robust ecosystem”.

On the occasion, the Union Health Minister presents the Ayushman Utkrishata Puraskar (Ayushman Excellence Awards) to the states in different categories. The winners for 2022 are as follows:

- Top Performing State/UT - Andhra Pradesh
- Top Performing District - ParvathipuramManyam, Andhra Pradesh
- Top Performing Government Facility - District Hospital Dharwad, Karnataka
- Best Performing States - Kerala, Meghalaya, Gujarat, Manipur, Jharkhand, Uttarakhand, Chhattisgarh and Madhya Pradesh
- Best Performing UTs - Chandigarh, J&K

The states were further encouraged to speed up their efforts to issue Ayushman Bharat cards to all eligible individuals who have not yet been covered.

Conclusion

India actively participated in the first-ever UN High-Level Meeting on UHC held in September 2019 and signed a Political Declaration affirming high-level political commitment to UHC. Now a wholesome and integrated synergy is underway for delivering the best possible health to the people at large! But even as we celebrate the long way India has come in its UHC journey, we cannot overlook the long and difficult road that lies ahead. ▶

SUCCESS STORY



A 12-year-old Sudha was playing on the terrace with her friends when she fell off the edge and broke her hip bone. Her father rushed her to the nearest clinic for treatment where they took an X-ray and suggested that she has a broken bone and requires fixation surgery.

On one side while Sudha was crying in pain, her father was desperate to arrange money for her treatment. He is a daily laborer with daily income not more than Rs. 200-300. One of his friends then suggested him to take her to government hospital in Lucknow where Ayushman Bharat scheme was functional and they can avail benefit of this scheme, being an eligible beneficiary family of the same. Sudha was operated in the district hospital and is completely recovered now. She has resumed her school and other daily routine.

I don't know what would happen to my daughter if we haven't got support of this scheme. Just like other schemes of Modiji, this scheme is also like a blessing for people like us. I hope everyone can take advantage of this scheme just like we did.



Gauging the Success Quotient of Ayushman Bharat



The success of any scheme depends on how many people take advantage of it. Ayushman Bharat is witnessing considerable uptake, but there is always room for improvement!

AYUSHMAN BHARAT PMJAY is emerging as one of the best health insurance schemes for social security. It is reducing the out-of-pocket and catastrophic health expenditure that can otherwise create financial hardships for most households in India. It has also been successful in improving access to healthcare facilities across the country.

Various studies have attempted to evaluate the awareness, effectiveness and utilisation of the scheme over the years. We take a look at two of them here.

Citizen Perception and Satisfaction – An Empirical Study

Three scholars and professors of Invertis University, Bareilly, U.P. conducted an empirical study of the awareness, perception and satisfaction of the people availing Ayushman Bharat.

Objectives

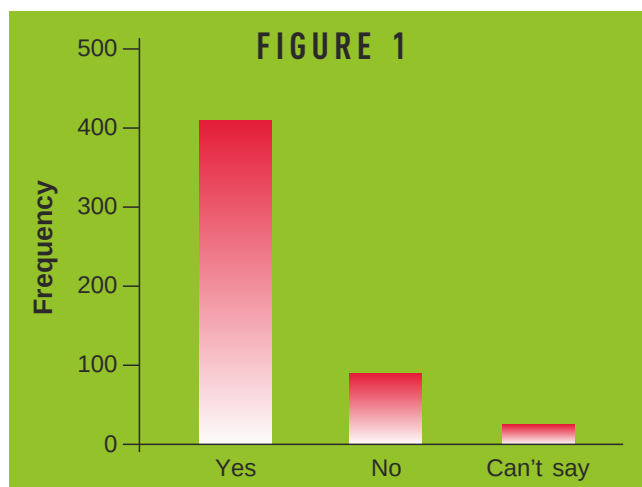
- To know the perception and awareness of Ayushman Bharat among the citizens
- To examine the satisfaction level of entitled beneficiaries
- To identify the problems faced by the citizens in availing the service

Methodology

A cross-sectional survey of approximately 529 beneficiary families was conducted during August 2020 to March 2021. It was carried out in different districts of Uttar Pradesh. An online survey was conducted to collect the data apart from sharing questionnaires with various CSC centres and hospitals. The state of UP was selected as it has a very high population and low literacy rate - two blocks were selected, of which one was rural, and the other urban.

Question: Are you aware about Ayushman services?

411 respondents answered 'yes' indicating that the awareness level is a robust 77.7%. (see Figure 1)



Question: How frequently do you use the hospital service using this scheme?

The responses were on a seven-point scale ranging from Never to Always. While 30.2% of the respondents said never, it indicates that 69.8% of the target beneficiaries are using Ayushman Bharat services in hospitals. (see Figure 2)

Question: How would you rate your experience with healthcare service using Ayushman service?

The parameters used in the scale ranged from very poor to outstanding. The results indicate that most of the entitled citizens (77.5%) are happy with healthcare services availed using Ayushman Bharat. (see Figure 3)

The researchers concluded from their research and analysis that the citizens face the following issues while availing the scheme:

Lack of Communication - Even though the users are aware of Ayushman Bharat scheme, they did not actually notice any related advertisement or campaign by the government. Many of them were asked by the staff at the Common Service Centre to check their name in the government list and make their Ayushman card accordingly.

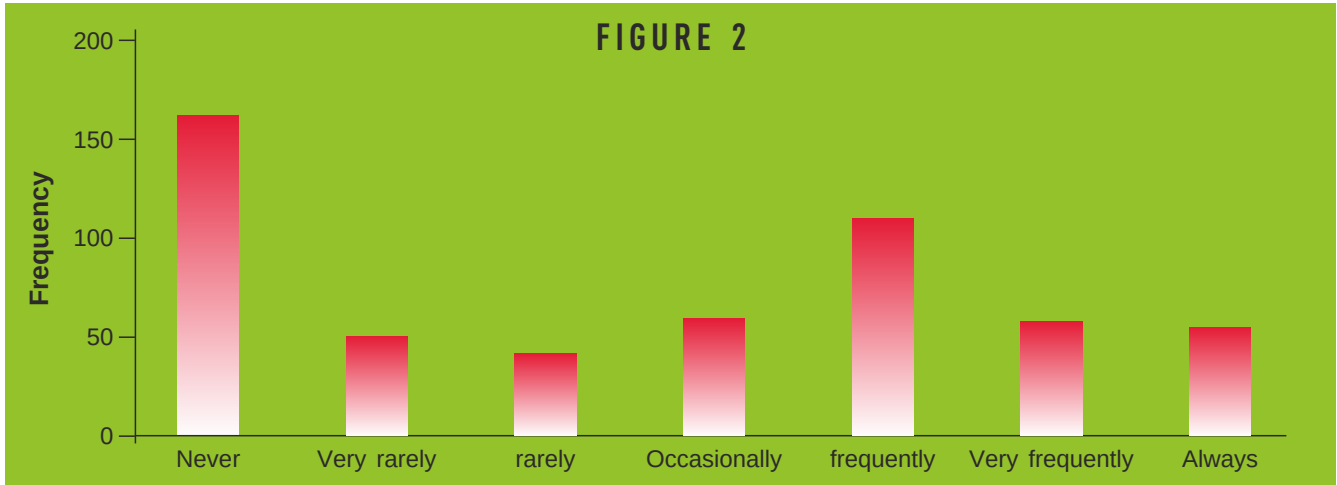
Lack of Transparency - The income of many of the respondents is very low which entitles them to the scheme, but still their name is not there in the 2011 SECC census which keeps them from availing the benefits. On the other hand, many of the names figuring on the list have a job and earn a substantial income. Some of them are government employees and therefore, not entitled to this scheme. However, as their name is on the list, they could make an Ayushman card and avail the service.

Lack of OPD Services - Ayushman Bharat is empowering the poor beneficiaries to avail private health services which would otherwise be out of their scope and consigned them to government hospitals. The health insurance cover of Rs. 5,00,000 is substantially enough for them. However, the only drawback is that out-patient expenses are not covered which can amount to Rs. 500 to Rs. 800 in private hospitals. This is unaffordable for the vulnerable sections.

Lack of Empanelled Private Hospitals - The number of empanelled private hospitals is quite low, especially in rural areas. Villagers are forced to travel long distances in case of an emergency. Even if there is a private hospital nearby, they have to first check whether it is empanelled or not.

Utilisation Among COVID-19 Patients

Another study by scholars of K.S Hegde Medical Academy, NITTE, Mangalore estimates the use of



Ayushman Bharat scheme among COVID-19 positive patients in a tertiary care hospital in Dakshina Kannada District. The scheme is termed as Ayushman Bharat Arogya Karnataka (ABArK) here.

This record-based, cross-sectional study was conducted by collecting data from the medical records department of a hospital where 1367 COVID-19 positive cases were admitted from March 2020 to May 2021. The age group, gender and demographic location of the patients was tabulated.

Of the 1367 COVID-19 positive patients, 906 (66.27%) patients were admitted in general ward and 461 (33.72%) patients in the special ward.

P.S. All the patients admitted in the general ward with positive test reports were considered as eligible for availing the benefits of the Ayushman Bharat Arogya Karnataka (ABArK) scheme.

ABArK Utilisation among all General ward patients (n = 906)

Utilised	714 (78.8%)
Not utilised	192 (21.19%)

ABArK Utilised based on gender (n = 714)

Gender	n (%)
Male	443 (62.04)
Female	271 (37.95)
Total	714 (100)

Therefore, a whopping 78.8% of the COVID-19 patients in the general ward had availed the scheme. In contrast, another study reported that less than 10% admitted COVID-19 patients could access the same Ayushman Bharat benefits in Madhya Pradesh.

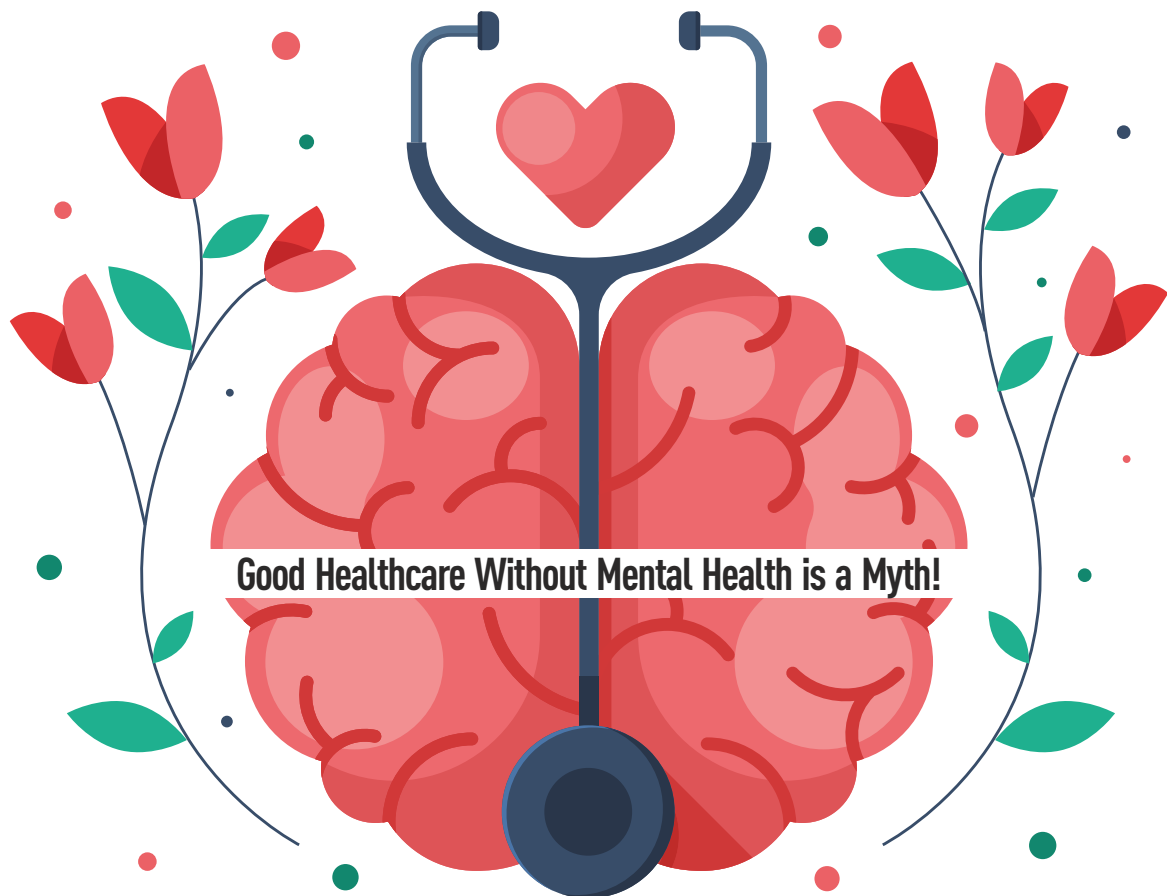
Of the 192 who did not avail the benefits, most were unable to get an authorised letter from their taluk/district hospital while some were not even aware of the scheme.

Age trends revealed that the younger population (21 to 40 years) used the scheme slightly more (33.9%) than the older population (61 and above age group) at 30.8%.

Conclusion

Creating awareness among the general public will further increase the uptake of the scheme! ▶

Destigmatising Mental Health



Good Healthcare Without Mental Health is a Myth!

Mental health is associated with our emotional wellbeing – it affects how we think, feel and act. But the overriding taboo around mental ailments keeps us from addressing these issues properly. The government is finally making concerted efforts to bring mental health to the forefront and offer quality care. Does this mean that we will finally stop sweeping mental conditions under the carpet?

THE ONE THING that we consciously avoid talking about is mental health! Those who suffer from it try to deny it while others dismiss it as just 'going through a low phase'. Empathy and support remain a long way off!

Alas, while physical health conditions are acknowledged, sympathised and fended in public, mental issues remain largely ignored, disregarded and even snubbed on occasion.

Meanwhile, the affected continue to suffer in silence day in and day out. Those who speak out about their condition may just end up facing stigma, discrimination and exclusion too...

Importance of Mental Health

All of us are well aware that a sound mental state is crucial for our overall health and well-being. Anxiety, depression and other such disorders can even increase the risk of physical health problems. Then there is Alzheimer's, schizophrenia, substance use disorders and other neurological conditions that are highly disabling and can even lead to premature mortality.

Yet, our health parameters and facilities primarily focus on physical ailments while the mental and emotional aspects continue to be mostly overlooked. This is despite the WHO estimating that 1 in 4 people (or a quarter of the world's population) will experience a mental health problem sometime in their life that would benefit from care and support. Can we even fathom the scale of neglect when every 40 seconds a person is committing suicide somewhere in the world?

Universal Health Coverage Fails to Envelop Mental Health!

Mental health is an important element of universal health coverage as it

The COVID-19 pandemic toll is not limited to the physical – it has caused a marked increase in mental health conditions due to anxiety, lockdowns, job losses and more. As per a Lancet study published in 2021, India saw a 35% rise in clinically significant depression and anxiety disorders due to the COVID-19 outbreak.



The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place.

- Dr Tedros Adhanom Ghebreyesus,
Director-General,
World Health Organisation



remains critical for people to lead happy and productive lives. However, the coverage gap in care for common mental health conditions can be as high as 90% in some low income countries, as per the 'No Health without Mental Health' report by Global Mental Health Action Network (GMHAN). That's not all, as even where services are available, they are not necessarily rights-based and cost-effective.

What the world needs is a holistic integration of mental health in universal health coverage. This will improve mental health outcomes on the one hand and support effective delivery of physical health care on the other. As Niall Boyce, Editor of The Lancet Psychiatry remarked during the release of the GMHAN report, "The message is that not just mental health should be part of UHC, but UHC will not be a success without the integration of mental health!"

In fact, the vision of the WHO Special Initiative for Mental Health (2019-23) is that all people achieve the highest standard of mental health and well-being.

How does India Fare?

India has one of the highest prevalence of mental illnesses in the world. We also account for the highest number of suicide deaths globally.

The latest National Mental Health Survey 2016 by the National Institute of Mental Health and Neurosciences (NIMHANS) found that nearly 150 million Indians need mental healthcare services, but fewer than 30 million are seeking care. Every year, about 2,00,000 Indians take their lives while the number of suicide attempts would break the roof.

The social stigma and negative attitudes are compounded by a lack of education and awareness concerning psychological disorders. Even those who want to seek help are often unable to do so due to the high costs or paucity of mental health professionals.

Indeed, our mental health workforce is severely understaffed - According to the Indian Journal of Psychiatry, there are only 0.75 psychiatrists for every 100,000 patients. Contrast this with the



developed countries that have more than 13 psychiatrists for every 100,000 patients (WHO 2015). The WHO further estimated that India's economic loss because of the prevalence of mental health issues will be \$1.03 trillion between 2012-2030.

This is in spite of instituting a number of policy interventions like the National Mental Health Policy, National Mental Health Programme, Mental Health Act and District Mental Health Programme (DMHP) that together provide a legal framework for extending services to protect, promote and fulfil the rights of people with mental illnesses while upholding a participatory and rights-based approach for quality service provisions. Deaddiction centres and rehabilitation services have been established. Yet, the country lacks overall access to cost-effective treatment of common mental disorders!

Operation Tele-MANAS

On World Mental Health Day on 10th October, 2022, the Health Ministry launched a 24-hour mental health service called Tele Mental Health Assistance and Networking Across States (Tele-MANAS) to increase access to psychiatric care across the country, particularly catering to people in remote or underserved areas. The programme includes a network of 23 tele-mental health centres across various states and union territories along with a toll-free, 24/7 helpline



Making
MENTAL HEALTH
A Priority

Tele Mental Health Assistance and Networking Across States (Tele MANAS)

Shortcode '**14416**' Allocated For Toll-Free Access Across the Country

Service Also Accessible with '**1-800-891-4416**'

@MansukhMandviya www.MansukhMandaviya.in

number that supports a variety of languages.

It is organised in a two-tier system:

- Tier-1 comprises of state Tele-MANAS cells. People who are suffering from serious emotional strain or suicidal thoughts can call 14416 or 1-800-891-4416 to speak

to trained counsellors and mental health specialists.

- Tier-2 comprises of specialists at DMHP or medical college resources for physical consultation and/or e-Sanjeevani for audio visual consultation.

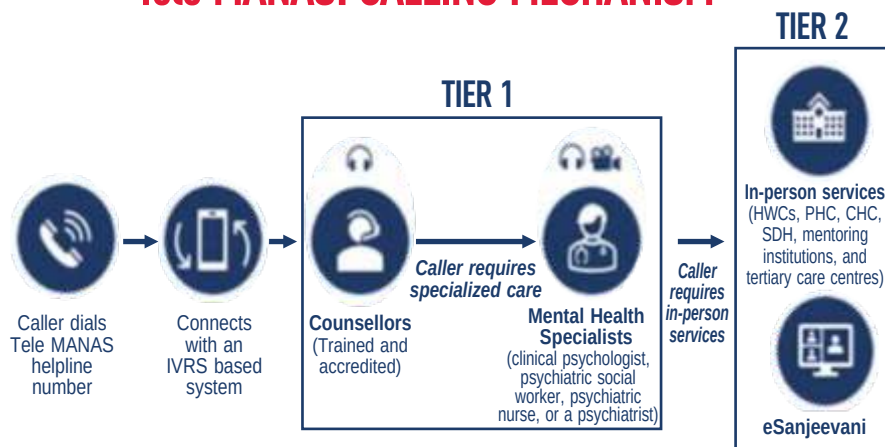
It envisions specialised care by linking Tele-MANAS with other services like National Tele-Consultation Service, Ayushman Bharat Digital Mission, Ayushman Bharat health and wellness centres and emergency psychiatric facilities.

We need many more such comprehensive strategies for promotion, prevention, treatment and recovery!

Conclusion

Health is a state of complete physical AND mental wellbeing. We cannot afford to leave mental health behind anymore as universal health coverage is not possible without a parity between mental and physical healthcare. ▶

Tele MANAS: CALLING MECHANISM





सत्यमेव जयते

**national
health
authority**

The credit for the exemplary rollout and implementation of Ayushman Bharat PMJAY - that has positively impacted and changed countless lives – goes to the National Health Authority!

Implementing the Healthcare Boon called **Ayushman Bharat!**

Ayushman Bharat PMJAY is India's flagship national health insurance program. The success of such an enormous pan-India program hinges upon a versatile policy framework that is attuned to current and emerging scenarios and has the capacity to accommodate stakeholders' concerns. The National Health Authority is leading the charge for implementing PMJAY as well as the Ayushman Bharat Digital Health Mission.

THE NATIONAL HEALTH Policy 2017 proposed four main updates to India's approach to maintaining public health – focus on the growing burden of non-communicable diseases, need for a robust healthcare industry, controlling the growing incidence of unsustainable expenditure due to healthcare costs and rising economic growth enabling enhanced fiscal capacity.

Accordingly, India embarked on the journey of achieving universal health coverage by launching the monumental Ayushman Bharat Yojana. The overarching aim is to insulate the poor and vulnerable population from catastrophic financial expenses due to medical emergencies.

The National Health Authority (NHA) is the apex body responsible for implementing the mammoth public health insurance/assurance vertical of Ayushman Bharat, called 'Pradhan Mantri Jan Arogya Yojana' (PMJAY). It is an attached office of the Ministry of Health and Family Welfare (MoHFW) with full functional autonomy.

The primary functions of NHA include:

- Formulating various operational guidelines related to PMJAY, model documents and contracts to ensure standardisation and interoperability
- Setting up an efficient monitoring system for the scheme
- Coordinating with various state governments for implementation
- Ensuring effective implementation and taking course correction actions, as and when required
- Carrying out awareness activities for informing beneficiaries and other stakeholders about the scheme
- Preventing, detecting and controlling fraudulent activities and abuse
- Setting up an efficient monitoring system for the scheme
- Providing grievance redressal for all stakeholders at various levels
- Setting up systems and processes for converging PMJAY with other health insurance/assurance schemes being implemented by both state and central governments, including schemes targeting workers from both formal and informal sectors
- Exploring options to link PMJAY with the larger healthcare system, especially primary care.
- Building a state-of-the-art health information technology ecosystem with requisite foundational components for hosting/linking PMJAY and other health systems. It will develop Information Technology standards in consultation with Ministry of Electronic and Information Technology (MeitY).
- Working closely with Insurance Regulatory and Development Authority on development and implementation of health insurance regulations targeting insurance companies, third party administrators, hospitals and other stakeholders.

Implementation in the States

Health being a state subject, the onus is on the states to take the scheme forward. 33 states and union territories have implemented PMJAY as of date (leaving West Bengal, Odisha and Delhi).

Each state/UT has set up a dedicated State Health Agency (SHAs) to implement the scheme. These SHAs function as the nodal agency in their respective states with full operational autonomy including extending the coverage to non-SECC beneficiaries. These entities are also responsible for data sharing, verification and validation of family members, spreading awareness, monitoring of the scheme, etc.

The states have the flexibility to choose their implementation model of choice: assurance/trust model, insurance model or mixed model. (see Figure 1)

Mode	Definition
Trust	Claims paid directly by the SHAs
Insurance	Claims paid by the insurance company; SHA pays premium to insurance company
Hybrid	Claims upto a certain amount of cover is paid by insurance company and claims over and above this amount is paid by SHAs directly

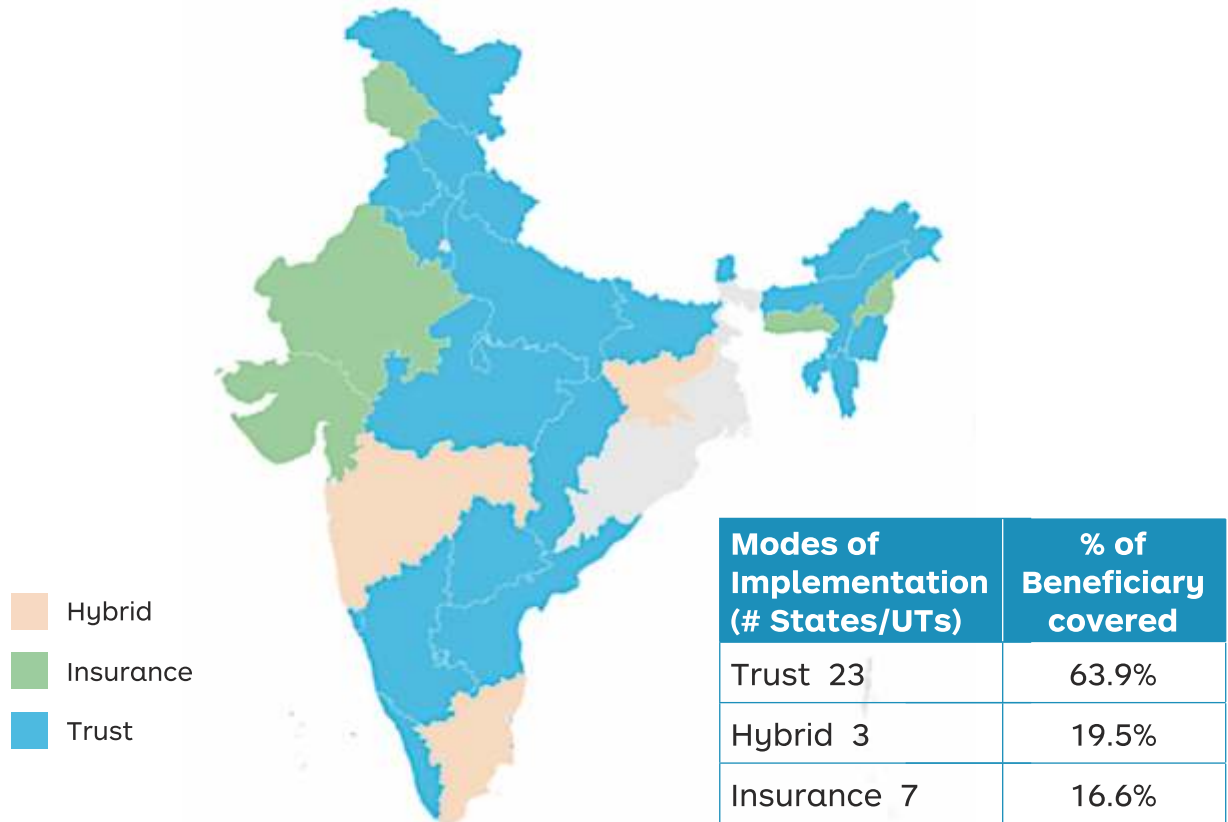
Additionally, a District Implementation Unit (DIU) is also established to support the implementation in every district included under the Scheme. This unit coordinates with the Implementation Support Agency (ISA)/insurer and the network hospitals to ensure effective implementation and sends periodic review reports. The DIU also works closely and coordinates with the District Chief Medical Officer and his/her team. The NHA is responsible for building the capacity of SHAs and other stakeholders on a continuous basis.

Working of NHA

The NHA has established a robust implementation framework that has the potential to consolidate the fragmented health insurance landscape in our country. This will enable us to reap benefits like economies of scale, optimise operational expenditures and rationalise administrative structures/protocols.

The federal agency is also engaged in fostering collaborations with members of the international community for better operationalisation of the scheme. Asian Development Bank, World Bank, German Corporation for International Development (GIZ), Clinton Foundation, Bill and Melinda Gates Foundation, University of Chicago – International Innovations Corps are some of the reputed institutional partners of NHA. An enabling environment is created for such multi-lateral agencies and philanthropic organisations to contribute towards PMJAY.

FIGURE 1: The following diagram depicts the list of states with respective models of PM-JAY implementation.



Information, Education and Communication (IEC)

The primary focus of NHA is to empower the PMJAY beneficiaries by creating awareness about the scheme. The IEC strategy is carefully crafted around the key objective of educating the beneficiaries about how to access the various components of the scheme. The IEC vertical at NHA utilises a wide range of contemporary communication tools, platforms and strategies to reach diverse sets of communities within the target population.

NHA also closely collaborates with other active stakeholders - like state governments, district administration, rural agencies (including panchayats, gram panchayats) and the grass root level functionaries to tap their potential to provide the requisite benefits to the target population.

The NHA has set up a 24*7 National Call Centre as a common platform across the country to manage incoming and outgoing communications with various stakeholders. The key objectives are:

- Address program-related queries to facilitate the transmission of two-way information



Not to be limited by the pandemic, NHA launched the 'Aapke Dwaar Ayushman' drive in February 2021 to ensure that PMJAY reaches all its beneficiaries. This massive Ayushman card generation drive was conducted in partnership with SHAs and enlisted the services of grassroots functionaries for beneficiary mobilisation and card creation. More than 2.5 crore cards were issued within a month itself!

- Provide specific information to the scheme beneficiaries regarding the entitlement of scheme benefits, ease of access of services and grievance redressal
- Collect feedback from the beneficiaries regarding the treatment availed and understand their current medical status post undergoing the procedure
- Capture process gaps through beneficiary feedback. Plug the gaps in service delivery by sharing feedback with concerned stakeholders
- Handhold the callers to familiarise them with the program, etc.

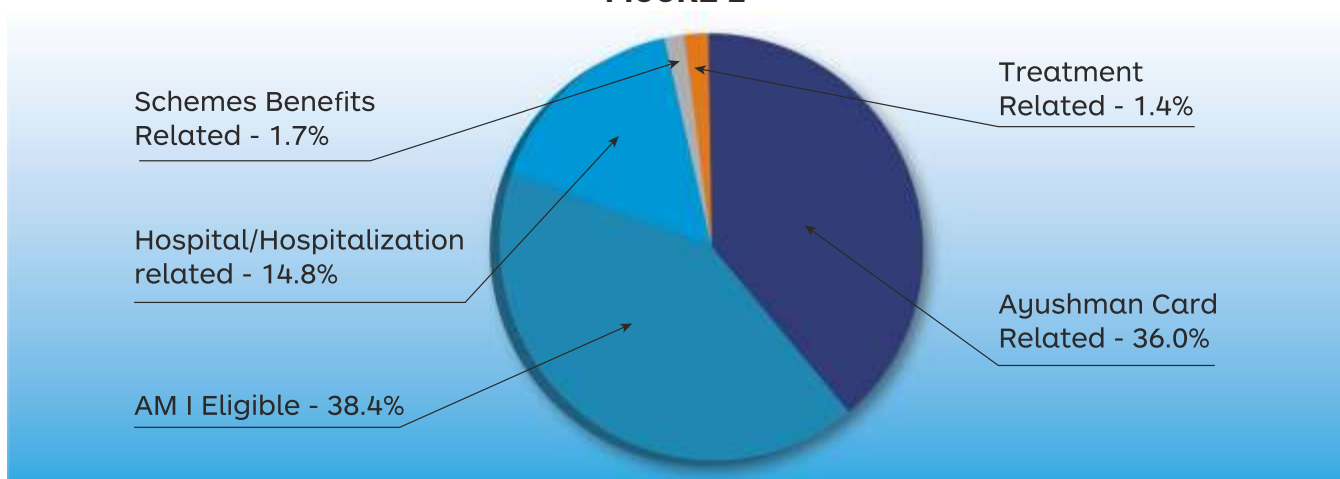
National Helpline – 14555 (24*7 toll-free) provides easy access to information and support, especially during the hour of need. People can call the helpline to find out

details like eligibility, coverage, benefits, how and where to avail benefits, name/address of empanelled hospitals, etc. (see Figure 2) It supports 12 languages and other stakeholders like hospitals, Arogya Mitras, and other field functionaries can also use the helpline for assistance.

In addition to this, beneficiaries also get a call from the National Call Centre post-discharge to capture the service delivery satisfaction with PMJAY, ascertain their health status as well as to check if they were asked to pay anything during the treatment process. (see Figure 3)

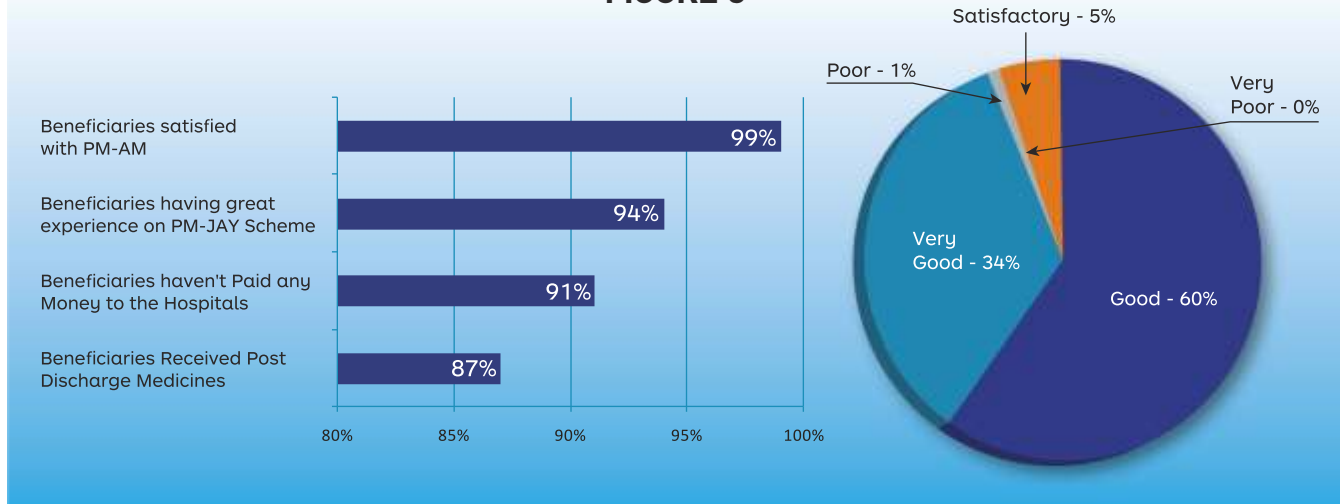
Covid/Co-WIN Helpline - 1075 (24*7 toll-free) was launched to facilitate access to information to citizens pertaining to COVID-19 based on the MoHFW guidelines. It also helps them with Co-WIN registration and vaccine appointment bookings.

FIGURE 2



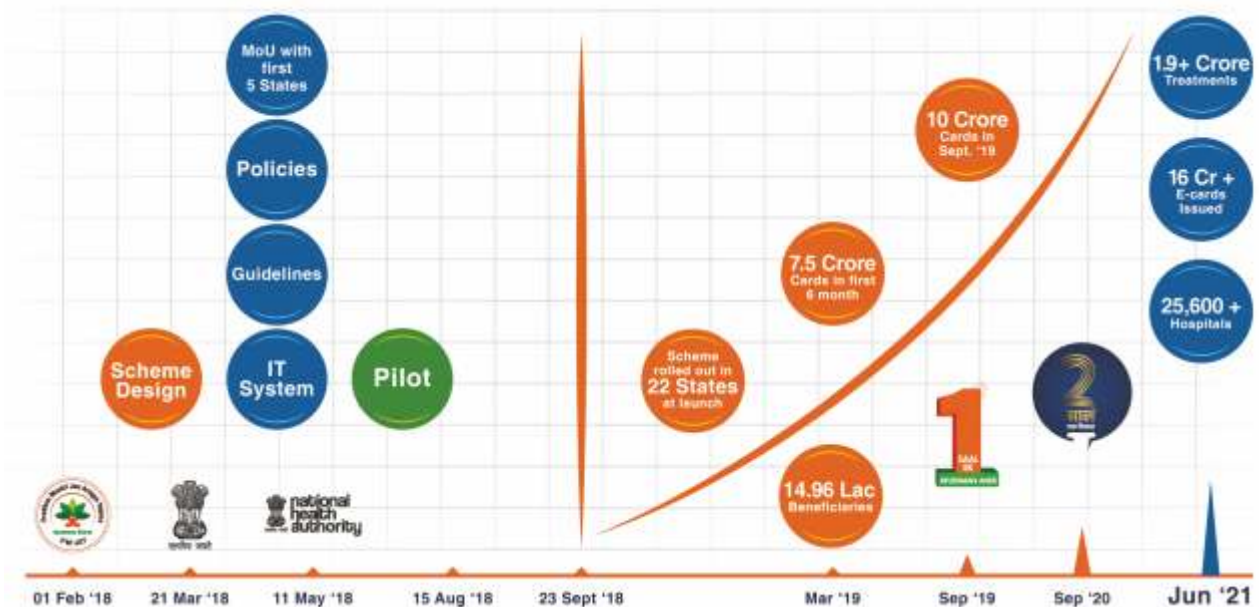
Sep 2021 till Aug 2022 (till 15th) – Calls Received – 8.90 Lakh, Calls Answered – 8.08 Lakh

FIGURE 3



Sep 2021 till Aug 2022 (Till 15th) – 16.30 Lakh outbound calls connected

IMPORTANT MILESTONES



The National Health Authority (NHA) is pursuing a twin-pronged approach to increase the scale and scope of Ayushman Bharat PMJAY. These include beneficiary identification and hospital utilisation. The NHA is launching Aapke Dwar Ayushman with renewed vigour. This time we are focussing on States such as Assam, Bihar, Gujarat and Uttar Pradesh. We are also learning from our previous experience and making necessary changes to ensure that the campaign will once again prove to be a resounding success.

– Dr. R.S. Sharma, CEO, NHA



From Sep'21 till 15th Aug'22, 6.62 lakh calls were received for general COVID queries and 7.55 lakh calls for Co-WIN registrations.

Scheme Convergence

The NHA has also been tasked with converging PMJAY with the various other national health programs to unlock synergies and optimise efforts whilst improving healthcare outcomes. Currently, the following schemes have been onboarded on the convergence platform of NHA for providing cashless benefits to various categories of beneficiaries:

- Ayushman Central Armed Police Force (CAPF)
- Building and Other Construction Workers (BoCW)
- Central Government Health Scheme (CGHS)
- Employees' State Insurance Scheme (ESIS)
- Health Minister's Discretion Fund (HMDG)
- Healthcare Scheme for Transgender Persons
- PM-CARES for Children
- Rashtriya Arogya Nidhi (RAN)

The synergy between PMJAY and Employees State Insurance Scheme (ESIS) will create an ecosystem wherein ESI beneficiaries will be able to access services at AB PMJAY empanelled hospitals and vice versa.

There is a dedicated helpline – 14558 – for the convergence schemes. It received 2.42 lakh calls from Sep'21 to Aug'22.

Furthermore, NHA has also been entrusted with the role of designing strategy, building technological infrastructure and implementation of 'Ayushman Bharat Digital Mission' to create a national digital health ecosystem.

Conclusion

AB PMJAY is a promise of health security! NHA has developed a robust and versatile platform that will fulfil this promise to the nation! ▶

INTERVIEW



DR. S. PRAKASH

Managing Director, Star Health and Allied Insurance Co. Ltd.

speaks to The Aware Consumer about the importance of Health Insurance and the scope of Ayushman Bharat for achieving Universal Health Coverage (UHC) in the country

A Standalone Health Insurance company aims at insuring customers from the 'womb' to the 'tomb!'

Q Why are you considered a pioneer in the Health Insurance Sector in India?

Star Health and Allied Insurance Company Limited was established in India in 2006. We're considered pioneers in the industry as we are India's First Standalone Health Insurance Company (SAHI) offering a wide range of innovative health insurance policies. We have business interests in Health, Personal Accident and Overseas Travel Insurance.

We have a wide range of products that cater to a variety of customer segments including individuals, families, students, senior citizens, people with pre-existing medical conditions and disease specific products as well hitherto not covered by other health insurers. At present we are covering around 2 crore lives.

Currently, we have 14000+ employees with 807 branch offices spread across 26 states and 4 union territories in India. These existing branches are also supplemented by an extensive network of over 355 Sales Managers Stations ("SMS"), which are small individual service centres, located across India. On the Claims servicing front, since inception we have dispensed around 8.5 million claims and 35000 crores towards claims settlement.

We are the largest private retail health insurer in India with a market share of 32.87% in Retail Health GWP across the general insurance industry in FY 2022.

Q What is the role of health insurance in India and why is India struggling to increase the insurance penetration? What are the challenges and what should be the way forward?

Health insurance plays a crucial role in India, protecting people from high cost incurred for hospitalization. In India, a larger number of people are below the poverty line and another major segment lacks sufficient spending power. This means that often at times, people find it financially restrictive to gain access to basic medical treatment, leave alone quality medical care. This is where health insurance is most crucial. It gives people access to medical facilities and treatment that otherwise would be burdensome or even beyond their reach. More importantly, it encourages a healthy country where people are able to seek treatment and financial support as and when they require it.

The lack of awareness and purchasing power disparity is a major hurdle in health insurance penetration. Unlike

motor insurance which is mandatory, health insurance is voluntary. Maintainability of insurance is also a hurdle as many people do not continue to stay invested in the cover as they feel investing in an insurance policy is not beneficial because they don't use it often. Medical inflation, as hospitals do not have regulatory bodies, is also contributing to the increase in premiums which makes affordability a challenge.

Educating people on the importance of a medical cover and on the benefits of staying invested on a long-term basis is the first step in increasing participation in health insurance covers. Simplifying products, introducing innovative and affordable new products with wider coverage, rewarding good health and wellness through reduced premiums, tailor-made insurance products, technology-driven solutions for last-mile connectivity, etc., are some of the ways the industry can increase insurance penetration and reduce cost of premium

Q How far do you think Ayushman Bharat (PMJAY) scheme is able to improve the common man's access to quality healthcare? Can you share some suggestions on how to make it more inclusive?

The success of the AYUSHMAN BHARAT (PMJAY) scheme is well documented by the government and it provides basic health cover for the bottom 40% of India's population. It's a standard policy that provides adequate cover for hospitalization in case of a major illness. I think as a policy it is doing well and the government is aggressively driving its adoption across the country to meet its Universal Health Cover target in the upcoming years. Competitive packages will help more tertiary hospitals participate in the scheme. Similarly, adequate pricing of premium will also make it more inclusive to private players in the Insurance Industry.

Q Why does out-of-pocket expenditure on healthcare continue to be high despite increasing coverage of private health insurance along with other public health coverage schemes like ESIC, CGHS, Ayushman Bharat and others?

There are various reasons for high out-of-pocket expenditures. While most insurance products in the market provide adequate cover for treatments, there are a few standard exclusions that are not covered by insurance. These are the costs of consumables like



Dr. S. Prakash

M.S., FRCS (Glasg), FAIS
Managing Director

Star Health and Allied Insurance Co. Ltd.

needles, syringes, gloves, etc., which are part of the IRDAI non-payable list. Insurers nowadays provide cover for these exclusions as well via an add-on policy that the customer can opt to buy. Besides this, factors like capping on the cost of room rents also add to the patient's out-of-pocket expenses. It is also important that customers read the policy document carefully and understand the sub limits and co-pays of the product which may add to the out-of-pocket expenses. They should also periodically review the policy, and the sum insured and ensure that it meets their family's growing needs. Star Health is scaling up this dimension to educate the policyholders on such issues to empower them to make an informed choice. With portability options now available, customers can always move to a policy that is a right fit for them without losing out on the continuity benefits.

Q What do you feel will be the trigger to enable citizens to access healthcare coverage and make it accessible and affordable in India?

Any pandemic or epidemic can act as a trigger to increase awareness of the people on the need for health Insurance. Financial literacy also plays a role. One major adverse health incident can make a middle-class family go below the poverty line. Hence people should stop looking at health insurance as an expense and understand that buying a health cover is investing in your financial wellbeing. With rising medical inflation, the cost of hospitalization is only set to increase where we see people on average pay a lakh or two for even minor issues. When more people opt for insurance, the cost of

Double check if your HEALTH INSURANCE POLICY



covers
**mental
illness**

cover can also come down. More so the younger you take an insurance cover, the wider is the coverage and premiums are also more affordable.

Q What are the most popular health Insurance products in India and what are some of the innovative products Star Health Insurance has brought in India in the interest of the Indian Citizens?

Products that offer comprehensive health covers for individuals and floater policies that cover 3 or 4 family members are popular insurance products in India. At Star



Health, we have a wide range of policies with broader scope of coverage that are designed to meet the expectations of various segments of the society. Our innovative products include Star Health Premier Insurance Policy – a policy that offers a cover of up to 1cr for people over 50 years up to any age; Star Women Care Insurance Policy – a product designed specifically for women offering coverage for infertility, antenatal, delivery, intrauterine foetal surgeries, and Day 1 cover for new-born, vaccination expenses; Star Special Care Policy – a unique policy for children diagnosed with Autism Spectrum Disorder; Cancer care policy for people diagnosed and treated for cancer; Diabetic safe policy offering Day 1 cover for Diabetes and our Cardiac care policy offering cover for people diagnosed and treated for heart disease.

Q What is in your opinion one of the most important policy intervention India should take to improve accessibility and affordability to improve health insurance in India?

India should consider policies that would bring more regulation in hospitalization costs. Following Standard treatment protocols and practicing evidence-based medicine by the provider is the need of the hour.

When you look at health Insurance, IRDAI governs every aspect of a policy right from premiums to claims. Here, costs and expenses are well defined. If the government can bring similar reasonable checks and balances to hospitalization costs, it would go a long way in making insurance more accessible and affordable in India. Insurance Industry has been requesting the

Government of India to consider reducing GST from 18% to 5% which will make premiums more affordable and increase Insurance penetration in India

Q Do you think India will be able to achieve Universal Health Coverage by 2030 as part of the UN Declaration on Sustainable Development Goals?

The government and the regulator, IRDAI, are doing a lot to make Universal Health Coverage a reality. Ever since its launch in 2018, we've seen the rapid adoption of the Ayushman Bharat Programme which aims to cover the bottom 40% of India's population. The government is driving this programme further enabling more access and wider cover under this standard health insurance. We've seen individual states as well promote health cover and medical assistance to its people. This is complemented by the slew of regulatory reforms IRDAI is bringing to the sector as a whole, that's aimed at increasing penetration of insurance pan India. Most of these reforms will usher in increased competition, better products, increased cover and transparency in the sector.

Our last budget has had significant contributions to health care. The government is also focused on developing a robust healthcare infrastructure across the country, modernizing primary healthcare and leveraging technology to simplify access to quality facilities. The Universal Health ID and Digital Health record are both significant steps in its ambitious digitization of the healthcare sector across India. Hence, we can definitely say that the centre and states are committed to increasing spending in Healthcare and achieving its goal of Universal Health Coverage. ▶



Star Women Care Insurance Policy

UIN: SHAHLIP22217V012122

Star Women Care Insurance Policy is a unique indemnity policy which offers specialized protection for **Women**.

Highlights of the Policy

- Continuity benefit for maternity claims
- Pregnancy care for mother
- Lumpsum benefit on diagnosis of Cancer (Optional Cover)
- New Born cover from Day 1
- Coverage for expected child (In Utero Fetal Surgery / Repair)
- Cover for Voluntary Sterilization

For more details about the product, please refer to the brochure.

SMS "STAR" to 56677

**Reach us: ☎ 044 6900 6900 / Toll Free: 1800 425 2255
or BUY ONLINE AT www.starhealth.in**

Star Health and Allied Insurance Co. Ltd.

Registered & Corporate Office: No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai - 600 034 ● IRDAI Registration No: 129
● CIN No: L66010TN2005PLC056649 ● SHAI/2021-22/CANOPY - SWCIP (SHAHLIP22217V012122)/ENGLISH/002 ● For more details on risk factors, terms and conditions please read the sales brochure carefully before concluding a sale ● IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

AFTERWORD



Pyush Misra
Trustee,
Consumer Online Foundation

AYUSHMAN BHARAT

- A Reality Check!

“Are the good intentions of Ayushman Bharat really translating into results on the ground? Will it lead to the greater good for the people of India? Is the government open to facing the harsh realities or will it become another false hope for the nation? Assessing the challenges of the scheme and making course corrections is crucial!”

– expounds Pyush Misra



Over  **3.55 crore** persons treated free of cost

Over  **18 crore** Ayushman Cards issued

Data as of Aug. 2022
Source: GoI



THE GOVERNMENT INITIATED the Ayushman Bharat Yojana in September 2018 as a healthcare boon for millions of poor and vulnerable families who struggle to cope with the burden of expensive medical treatments. The scheme does have its heart in the right place and has succeeded in enabling scores of the needy to access healthcare services.

Yet, it seems like universal healthcare will continue to remain an impossible dream for the country!

Gaping Holes in the Seeming Benevolence

The primary aim of Ayushman Bharat is to reduce the out-of-pocket (OOP) expenses on healthcare for the beneficiaries. Recurring estimates highlight that India's OOP health spending at point of care is one of the highest in the world (see Figure 1). It is pegged at an average of Rs 1,250 per person per annum (conservative estimate based on NSS 2017-18). Another IndiaSpend report in December 2019 revealed that about 18% of Indians spent more than 10%, and 4% of Indians more than 25% of their income on healthcare. This lack of financial protection for healthcare pushes nearly 60 million Indians into poverty each year.

A CII report published in 2018 estimated that more than 2/3rd of the expenditure on healthcare is out-of-pocket!

PMJAY is unfortunately focused solely on secondary and tertiary care. These in-patient treatments constitute less than a third of the total OOP spending while over



Can Ayushman Bharat achieve quality and affordable healthcare for all?

two-thirds is on account of out-patient consultations, medicines and diagnostic tests. (see Figure 2) Moreover, 70% of the out-patient spending is on medicines.

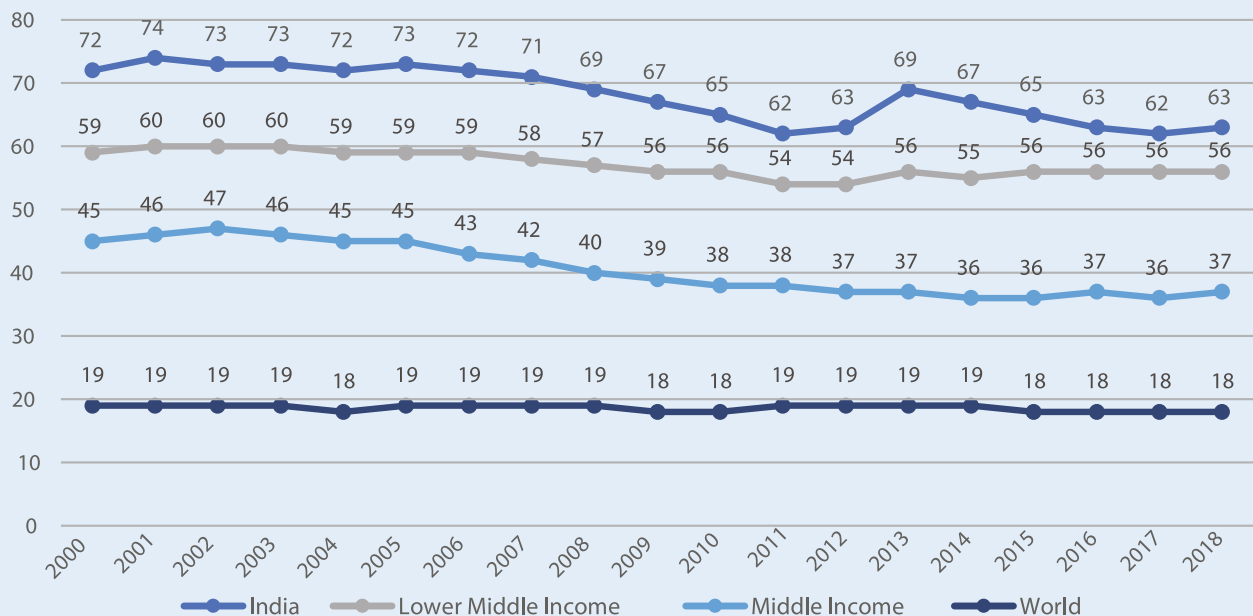
While Ayushman Bharat also commits to free primary care in Health & Wellness Centres, the hard truth is that the public sector is still catering to only about 30% of out-patient care.

An average person seeks 1.8 consultations per year, almost 70% of which are in the private sector.

Furthermore, it cannot be denied that daily wagers and other underprivileged sections tend to avoid hospitalisation as far as possible as they don't want to lose their daily income. In fact, when it is a toss between seeking care and seeking livelihood, they will choose the latter for obvious reasons! Not to mention the indirect costs of hospitalisation like travel and foregoing work during the recovery phase. Therefore, they either delay the treatment or do not allow sufficient time for recovery, which can prove to be detrimental.

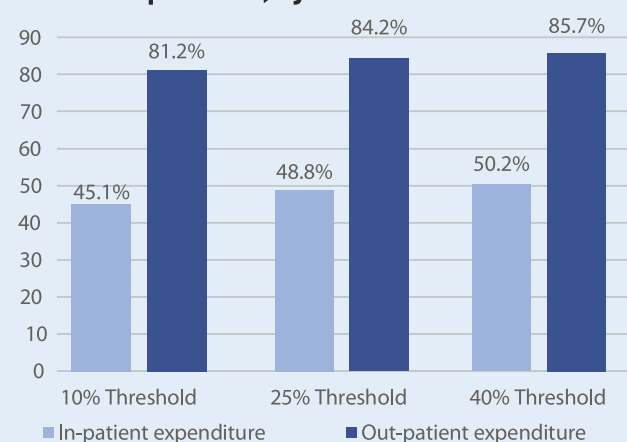
Data from the 75th NSO Health Survey shows that people who do not need hospitalisation outnumber those who do by 135 times in rural areas and by 122 times in urban India.

FIGURE 1: OOPE as percentage of current health expenditure, India, and select country aggregates, 2000-2018



Source: World Bank Open Data (accessed March 2021)

FIGURE 2: Percentage of catastrophically affected households, reporting in-patient and out-patient expenditure, by threshold levels



Source: Brookings Institution India Center (2016)

Impact of PMJAY on OOP Spending

It has not been evaluated whether PMJAY has actually reduced OOP expenses for those availing hospitalisation under the scheme. To the contrary, a 2020 Economic and Political Weekly study stated that scores of PMJAY beneficiaries in Jharkhand were charged for diagnostics, medicines and pre-hospitalisation costs between September 2018 and March 2019 without receiving any reimbursement.

This is happening for varied reasons across the country. Certain medical treatments under PMJAY are reserved for public facilities; patients that opt for empanelled private hospitals are asked to pay for such treatments. This even manifests in cases that require multiple treatment modalities with some of them being reserved for government hospitals.

Private empanelled hospitals are paid based on pre-determined package rates which includes all the costs associated with the treatment. They find this inadequate and often charge additional payments over and above the 'approved amount' for a treatment or medical device. Some insist on upfront payment with the promise of reimbursement once they are paid by the government.

The problem amplified during the COVID-19 pandemic with an independent study estimating that only 5% of the total authorised hospitalisations under PMJAY were reported as COVID-19 treatment. Alas, PMJAY proved unable to provide COVID-19-related hospitalisation when needed. There were also instances of some facilities stopping cashless hospitalisation for COVID-19 cases. The fallout here is that PMJAY is based on cashless care and does not provide reimbursements even if the procedures are covered under the scheme.

With such experiences during the pandemic, can we deny that PMJAY has little chance of achieving sustained benefits on the healthcare front?

Rampant Misuse

Even the revised package rates are low and deemed economically unsustainable by the private sector. On the other hand, unscrupulous profiteering under PMJAY has come to light - many private hospitals submit fake bills, claim surgeries for patients who were discharged long ago

and even 'perform' dialysis without having a kidney transplant facility!

The National Health Authority has issued a comprehensive set of anti-fraud guidelines. It created a National Anti-Fraud Unit (NAFU) for overall monitoring and implementation of anti-fraud framework supported by State Anti-Fraud Units at the state level.

Yet, at least 697 cases of irregularities in Ayushman Bharat were unearthed in Uttarakhand alone and 11 hospitals were slapped a penalty of over Rs 1.17 crore in December 2021. Again, in April 2022, as many as 18,606 PMJAY hospital transactions were detected to be non-genuine and penalties to the tune of Rs. 29.72 crore were levied on the erring hospitals in different parts of the country. Also 144 hospitals were de-empanelled from the scheme based on confirmed fraudulent behaviour.

Low funding

Ayushman Bharat stands largely underfunded to support its beneficiaries. The government outlay on healthcare itself is very low. The centre is allocating around Rs 6,400 crore per year to PM-JAY in the past few years, but it is always revised to almost half later.

Skewed Yardsticks

The government is measuring performance in terms of actions – like number of cards distributed, hospitals empanelled, hospitalisations and payments made. However, this does not reveal the actual impact and outcomes – like percentage of the population covered, services that could be availed and extent of expenditure covered.

Suggestions for Improvement

- Improve wait-time for pre-authorisation and turnaround time for claims payment to the providers.
- Incorporate compensation for lost wages and hospital cash benefit.
- Regular revisions in the package rates for empanelled hospitals to reflect market realities.
- Develop a range of meaningful indicators of performance affecting all stakeholders, beyond mere numbers.
- Tackle the anti-women bias as male patients seem to be getting more coverage.
- Rationalise the use of medicines and further increase provision of free medicines.
- Create insurance policies with out-patient packages and include it in PMJAY too.

Conclusion

Ayushman Bharat has the potential to deliver fair and responsive financial protection to its beneficiaries. Implementation on such a huge scale is bound to face challenges; the government should focus on identifying and addressing these obstacles rather than burying its head in the sand! For instance, PMJAY will be able to push the boundaries only when it encompasses outpatient care, medications, diagnostic services, wage loss compensation and even travel allowance where needed. ■

Health and Wellness Centres – An Abysmal Failure?

A strong primary healthcare system forms the foundation for achieving universal health coverage. Accordingly, the Ayushman Bharat Yojana has focused attention on strengthening and delivering comprehensive primary healthcare services through health and wellness centres. However, what was supposed to become the very foundation of New India's healthcare system has failed to live up to the potential of improving the lives of the most vulnerable people. Alas, primary healthcare continues to be in the doldrums....



Access to affordable, quality primary healthcare is the cornerstone of universal health coverage

THE FIRST POINT of care when a person falls sick or needs medical assistance forms the primary healthcare. It encompasses promotive, preventive, curative and rehabilitative care rendered by general physicians, paediatricians, nurses, dentists, etc. This generalised care is an essential service that should be available in the community itself on an equitable basis and at a cost that the common man can easily afford. It is an integral part of the healthcare system and is rooted in a commitment to social justice.

At the UN high level UHC meeting in 2019, member countries committed to strengthening primary healthcare. The WHO even recommends that every country allocate or reallocate an additional 1% of GDP to primary healthcare from government and external funding sources.

But what happens when an ill person goes to a public healthcare centre in India? Most times, the medical facilities turn out to be inferior, inappropriate or inadequate. A shortage of medications, equipment, beds or doctors remains common across the public health facilities. This translates into an endless struggle for the impoverished communities to fulfil even their basic healthcare needs!



Health and Wellness Centres will in a way work as family doctors for the poor. Earlier there used to be a family doctor in middle class and upper class families. These Wellness Centres will now become the extension of your families. These will be associated with your day to day lives.

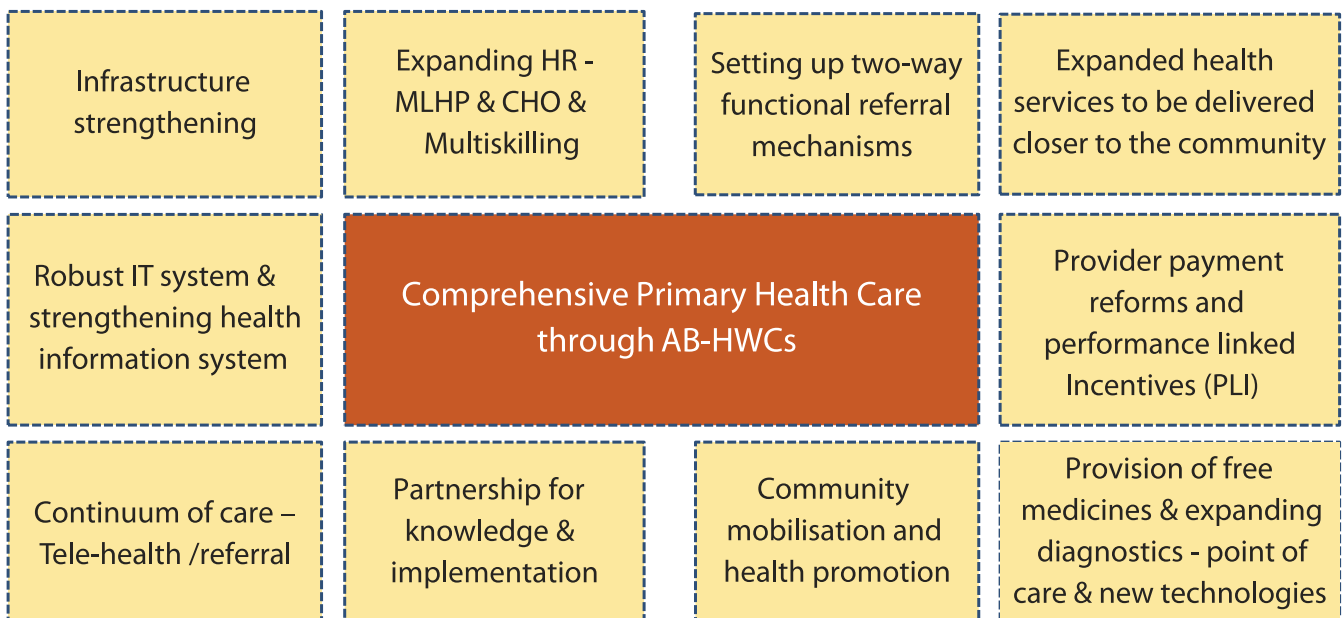
– Prime Minister
Narendra Modi

Health and Wellness Centres

India has a vast network of public primary healthcare facilities in both in rural and urban areas that have evolved through various policy initiatives over the decades. They number nearly 200,000, but deliver a narrow range of services like reproductive, maternal health, newborn and child health apart from priority communicable diseases.

This is compounded by poor quality of care, long wait times and non-availability of healthcare professionals. Therefore, they remain grossly underutilised with most people preferring private facilities. As per the 75th round of National Sample Survey, the public sector catered to only 30% of all out-patient care in 2018. Needless to say, the out-of-pocket expenditure can wipe out even a middle-class man's savings and push him below the poverty line.

Finally, it was the National Health Policy 2017 that recommended strengthening the delivery of primary healthcare, (through establishment of 'Health and Wellness Centres' as the platform to deliver comprehensive primary healthcare) and called for a commitment to invest two-third of the health budget in primary healthcare with an increase in overall government funding for health to 2.5% of Gross Domestic Product (GDP) by 2025, against 1.18% in 2015–16.



AB-HWCs Ayushman Bharat- Health & Wellness Centres; CHO Community health officers; HIS Health information system; HR Human resources; MLHP Mid-level healthcare provider; IT Information and technology

Key Components and Design Aspects of Ayushman Bharat Health And Wellness Centres (AB-HWCs)

Following on this, the Ayushman Bharat Yojana proposed an ambitious step for achieving the goal of universal 'comprehensive' primary care. It envisaged establishing 1,50,000 Health and Wellness Centres (HWCs) at the grassroot level to provide affordable and quality primary care to the last mile. This was to be achieved by upgrading the existing health sub-centres, primary health centres and urban primary health centres to HWCs by 31st December, 2022. This will ring in a transition from selective to comprehensive primary healthcare that is universal and free for all.

The HWCs will deliver an expanded range of services (increased from the erstwhile 6 sub-group of services to 12 now) to address the primary healthcare needs of the entire population in their area. It now covers maternal and child health services, non-communicable diseases, dental care and mental health while also provisioning free essential drugs and diagnostic services. It also envisages upgrading of other key design aspects that will lead to a holistic strengthening of primary healthcare and being in touch with local needs. It will even ensure continuum of care with outreach services, mobile medical units and home and community-based care.

Brimming with Potential

On paper, HWCs is an excellent concept to expand our primary healthcare system to make healthcare accessible and affordable for the common people. This is especially beneficial for India's disadvantaged communities as they get greater access to efficient, effective and equitable healthcare that is specifically tailored to their needs. The primary elements include:

- Provide universal access to free primary healthcare: Cashless services, medicines and diagnostics
- Promote wellness and prevent illness: Platform for physical activity, yoga, healthy diets and regular screening
- Strengthen accountability: Active engagement of community collectives through Jan Arogya Samitis
- Provide first contact care close to people's homes: Reduce patient hardship
- Enable treatment adherence and follow-up: Early detection of complications
- Enhance continuum of care: Two-way referral systems between all levels of care
- Expand access to higher level care: Use of telemedicine to bridge access barriers
- Emphasise community engagement: Promoting good health through schools and other community centres, empowering individual volunteers to improve local capacity, encouraging civil society and local non-profit organisations to provide additional care

Current Scenario

The first HWC was launched in Jangla village in Bhairamgarh tehsil of Bijapur district of Chhattisgarh state in India on 14th April, 2018. Now we have 1,31,150

Provision of Services through AB-HWCs

Comprehensive health-care services offered by health and wellness centres in India

- Care in pregnancy and childbirth
- Neonatal and infant health-care services
- Childhood and adolescent health-care services
- Family planning, contraceptive services and other reproductive health-care services
- Management of communicable diseases, including national health programmes
- Management of common communicable diseases and outpatient care for acute simple illnesses and minor ailments
- Screening, prevention, control and management of chronic communicable diseases like tuberculosis and leprosy
- Care for common ophthalmic and ear, nose and throat problems
- Basic oral health care
- Elderly and palliative health-care services
- Emergency medical services
- Screening and basic management of mental health conditions

totally functional HWCs across all the states and union territories with a cumulative footfall of 1,29,70,54,492 (as of 30th November, 2022). They conduct regular screenings for diabetes, hypertension, oral cancer, breast cancer and cervical cancer; vaccinate children; and promote health with wellness activities like yoga sessions.

More than 3 lakh teleconsultations were done in a day at AB-HWCs on 16th April 2022!

Minister of Health, Mansukh Mandaviya even emphasised earlier, "By the end of December, 1.5 lakh Ayushman Bharat Health and Wellness Centres will be available to serve the country".

There is a dedicated AB-HWC portal to track and monitor the number of people being screened and brought to AB-HWCs.

HWCs played a critical role during the unprecedented COVID-19 pandemic with their efforts to:

- Ensure community awareness
- Promote COVID appropriate behaviour
- Enable contact tracing, community surveillance and early identification of cases
- Facilitate access to testing
- Support isolation and quarantine facilities
- Provide health services to people with co-morbidities at higher risk of contracting COVID-19.



HWCs bring comprehensive healthcare closer to the homes of people while reducing out-of-pocket expenses

Evaluating the Success/Failure

In May 2022, the Health Ministry released a third-party assessment report of the pace of rollout of AB-HWCs in different states and the specific challenges thereof. The study covered a sample of 317 facilities across 18 states using a cross-sectional study design with a mixed-methods approach. It flagged the following bottlenecks in implementation:

- Lack of proper infrastructure
- Non-availability of trained doctors, nurses and other healthcare workers
- Delayed allocation of funds from the states to the districts
- Lack of electricity and poor internet infrastructure leading to hampered teleconsultation services and doubling staff workload
- Delay in payment to staff
- Friction between Community Health Officers who head the centres with Ayush and nursing care

The report stated that, "Overall, there has been an improvement in inequity in access, despite existing constraints such as infrastructure availability and status of peripheral health facilities." It further revealed that client satisfaction with the services provided was much higher among those who received services from HWCs as compared to those who received services from non-HWCs across all the four parameters measured – treatment, medicines, diagnostics and cleanliness.

The report put forth a series of recommendations for the states to improve infrastructure, along with ways to generate more funds for the upkeep of these facilities.

Where Did Things Go Wrong?

Right from the start, HWCs got less public and political attention as compared to the more attractive insurance-based arm of Ayushman Bharat. This is in spite of the fact that comprehensive primary healthcare can take care of up to 80% of health needs as noted by Chandrakant Lahariya, staff member of WHO's India office. He states that they require increased attention, visibility and priority through advocacy and evidence.

Moreover, the primary healthcare centres come with their pre-existing weaknesses. Assured provision of services and availability of providers calls for continuous oversight, monitoring and innovations.

Most states have been lagging behind in the implementation. They have to rise and take leadership with context-specific approaches along with local setting adaptations.

Even after the upgraded HWCs are functioning as per the guidelines, what is to say that people will actually come to the 'government' centres given the dubious reputation they have earned? This calls for increased and active community involvement; accountability and involving local body representatives and civil society organisations in the process so that people can experience the change for themselves.

Conclusion

HWCs are a noble approach and can significantly improve our chances of achieving universal healthcare. The government is aware that much more needs to be done to address the looming gaps before we can even hope to achieve UHC! ▶

Mizoram is the only state that does not face shortage of healthcare workers.

Scaling Up the Health Infrastructure

India has always lacked an extensive healthcare system. The available infrastructure and manpower are not only deficient but also distributed in a skewed manner, much to the detriment of the marginalised sections of society. Building a strong network of healthcare centres at various levels is crucial!



AB-HIM is taking quality and necessary healthcare services to all sections of society!

AYUSHMAN BHARAT IS a well-intentioned initiative backed by sincere efforts to provide equitable, accessible, affordable and quality healthcare to all. However, any national healthcare scheme needs to be supported by adequate infrastructure to even dream of being successful.

Alas, India has always faced significant challenges in the healthcare value chain. There are serious gaps in the infrastructure and an acute shortage of trained and skilled workers. According to a PricewaterhouseCoopers study in 2018, there are only 0.65 doctors, 1.3 nurses and 1.3 hospital beds per 1000 people in the country. In contrast, by 2034 we will need 2.5 doctors, 5 nurses and 3.5 beds per 1000 people. Therefore, we need to triple the number of beds and quadruple the number of doctors and nurses!

The chronic shortages with gaps in demand and supply are not the only roadblocks to development. There are huge disparities between rural and urban geographies. Over 75% of the healthcare infrastructure is concentrated in metro cities, where only 27% of the total population resides. The rest 73% lack even basic medical facilities. 80% of the registered allopathic doctors operate in cities, which account for only 31% of the country's population. To add to this, quality healthcare treatment is largely confined to the urban areas.

In July 2022, the government declared that we have bettered the WHO-recommended benchmark of 1 doctor per 1000 people by achieving a doctor-population ratio of 1:834. However, wide discrepancies still remain; government hospitals are characterised by a doctor attending to as many as 11000 patients!

Indeed, our villages lack hospitals, hospitals at block level lack testing facilities while district hospitals lack facilities for treatment of serious diseases. Even the big hospitals have long queues and the waiting times are atrocious!

"In post-independence India, health infrastructure did not get the required attention for a very long time and citizens had to run from pillar to post for proper treatment, leading to worsening of the condition and financial strain. This led to a persistent worry about medical treatment in the hearts of the middle class and poor people." – Prime Minister Narendra Modi

The COVID-19 pandemic further cracked open the gaps. The extraordinary increase in patient load strained the existing healthcare facilities beyond breaking point. The essential public health services proved to be extremely weak; laboratory capacity proved to be awfully limited and facilities for critical care proved to be sorely inadequate.

These dismal shortcomings in our healthcare system are demanding urgent attention ever since the outbreak, which highlighted that we are nowhere ready for such catastrophic events.

A Sustained Effort for Building Capacity

The National Health Policy 2017 highlighted the need to boost public healthcare spending to meet the rising demand for healthcare infrastructure and services. To reinforce the all-round development of India's healthcare system, the Prime Minister launched the PM Ayushman Bharat Health Infrastructure Mission (AB-HIM) in October 2021. This is an addition to the National Health Mission or Ayushman Bharat Yojana and will pave the way for a world class and accessible healthcare sector.

AB-HIM is one of the largest pan-India health schemes for strengthening the healthcare infrastructure by filling the critical gaps in the public health sector in a phased manner, especially in primary and critical care facilities in both urban and rural areas. For this, the government has laid out a budget of Rs 64,180 crore over a period of six years till FY 2025-26.

Objectives

- To develop capacities of health systems and institutions across the continuum of care at all levels – primary, secondary and tertiary.
- To ensure a robust public health infrastructure in both urban and rural areas that is capable of responding to the current and future public health emergencies or disease outbreaks.
- To establish an IT-enabled disease surveillance system through a network of surveillance laboratories at block, district, regional and national levels.
- To develop core capacity to deliver the One Health Approach to prevent, detect and respond to infectious disease outbreaks in animals and humans.

Components

There are three broad pillars for addressing the different gaps in the healthcare sector:

Augment Health Facilities for Treatment – The government aims to create elaborate facilities to ensure timely and effective treatment. Towards this end, the mission will establish 17,788 rural health and wellness centres (in ten high focus states) and 11,024 urban health and wellness centres. These centres will have facilities for early detection of diseases and offer free medical consultations, tests and medicines. To provide effective care for the seriously ill patients, the mission also plans to set up 35,000 new critical care beds across the 600 districts with over 5 lakh population. There will be referral facilities in the remaining 125 districts.

It also provides for operationalising 17 new public health units and strengthening of 33 existing public health units at points of entry, that is at 32 airports, 11 seaports



and 7 land crossings. Additionally, 15 health emergency operation centres and two container-based mobile hospitals will be established. The latter will have a capacity of about 100 beds each and will be placed in Chennai and Delhi. These can be airlifted or taken by trains to the place of emergency.

Establish Integrated Public Health Labs for Diagnosis of Diseases -

The government aims to develop a high-class testing network for effective diagnosis and monitoring of diseases. In line with this, the mission will set up 'Integrated Public Health Labs' in all the 730 districts and Block Public Health Units in 3,000 blocks across the country. Apart from this, the mission will establish 5 Regional National Centres for Disease Control, 20 Metropolitan units, and 15 Biosafety Level (BSL) labs to further strengthen the testing network. An Integrated Health Information Platform (IHIP) will be set up at the national level.

Expand Existing Research Institutions that Study Pandemics - The government aims to build capabilities to conduct comprehensive research studies on the pandemic. Accordingly, the mission will strengthen the existing 80 viral diagnostic and research labs in the country in addition to establishing one National Institute for One Health and four National Institutes of Virology. At the state level, it will set up 15 new biosafety level III laboratories. A WHO regional research platform (digital) for South Asia will be instituted to further strengthen this network.



“Prime Minister Narendra Modi ji has given us the vision of comprehensive healthcare under the 'From Token to Total' approach. We are working with a 'Saturation Approach' with the block, district, state and national levels seamlessly connected for affordable and quality healthcare.

– **Dr Mansukh Mandaviya,**
Union Minister of
Health & Family Welfare

“This means, through PM Ayushman Bharat Health Infrastructure Mission an entire ecosystem for services - from treatment to critical research - will be created in every corner of the country,” observed Prime Minister Modi.

The scheme aims to make India ready to effectively manage any future pandemics and health emergencies. People will get access to a full range of critical care services and diagnostic services. This will, in turn, inspire self-confidence and self-reliance in our healthcare system. The employment potential of the above measures will be unparalleled.

To give a fillip to the availability of healthcare professionals, the government sanctioned 157 new medical colleges across the country spanning three phases of the project. This will correct the existing regional imbalance in the

distribution of medical colleges by ensuring that every district has at least one medical college. It will lead to a trained frontline health workforce that can respond to any public health emergency.

Conclusion

AB-HIM is a much-needed booster dose for India's frail healthcare system with multi-nodal and multi-dimensional interventions that will take the public health facilities and infrastructure to new heights. This will prove to be a shot in the arm towards achieving a fully functional, community owned, decentralised health delivery system with inter-sectoral convergence at all levels. ▶



Payal Agarwal
Editorial Consultant

Redefining the Healthcare Ecosystem with Ayushman Bharat Digital Mission

“ABDM is an unprecedented digital initiative that will create an easily identifiable identity for each citizen, healthcare provider and facility under the umbrella of Ayushman Bharat. This will lead to a Unified Health Interface in India.”

– points out Payal Agarwal



Connecting the digital health solutions of hospitals across the country with each other is essential for streamlining our healthcare information

PEOPLE AND COMPANIES around the globe are embracing the digital world at an unprecedented pace. Digitalisation of data is delivering enormous benefits like quick access, security, reliability and improved experiences. Every sector from finance, tourism and commerce to education and governance is reaping the rewards of digitalisation.

Can the healthcare sector be left behind?

Many hospitals, clinics and diagnostic centres are converting patient records – like diagnosis, prescriptions and test reports - into digital format that can be accessed on a computer. This makes the data handy and facilitates better medical treatment.

However, the digital health ecosystem in India is extremely fragmented with every healthcare provider/facility using its own software system that exists in silos. Therefore, when you shift from one doctor or hospital to another, it is not possible for the old stakeholder to share your information with the new one. The true benefits of digitisation continue to elude both the citizens and the healthcare providers.

All these different and disparate digital health systems have to be integrated into an open, interoperable ecosystem to ensure seamless delivery of healthcare across providers.

Enter ABDM

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. This will bridge the gap amongst different stakeholders through digital highways, thus creating a National Digital Health Ecosystem (NDHE) for India.

The National Digital Health Mission (NDHM) was launched as a pilot project in six union territories on 15th August 2020 before being rolled out nationwide on 27th September 2021 under the name 'Ayushman Bharat Digital Mission'.

ABDM is a holistic healthcare programme that supports the existing

Ayushman Bharat Digital Mission (ABDM) THE ROOTS OF HEALTHIER INDIA AT 100



ABDM supports Universal Health Coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, through provision of a wide-range of data, information and infrastructure services. It duly leverages open, interoperable, standards-based digital systems, while ensuring the security, confidentiality and privacy of health-related personal information.

health systems by leveraging IT and associated technologies while ensuring that the patient remains the owner of the data. This will strengthen the accessibility and equity of health services by creating longitudinal health records across different healthcare providers which facilitates better delivery of healthcare.

There is no centralised repository as ABDM does not actually store any medical records. All the digital records which have been and shall be created continue to be stored at multiple places as per the choice of hospitals, doctors and patients. ABDM merely facilitates interoperability - secure data exchange - on the ABDM network for the over 50 lakh healthcare professionals, 12 lakh healthcare facilities and 1.36 crore citizens.

This is achieved by prescribing common health data standards and developing core modules such as registry of health facilities, healthcare professionals, etc. required for interoperability. This way various digital health systems can interact

with each other and enable seamless sharing of data across various healthcare providers who may be using different digital health systems.

ABDM will improve the efficiency, effectiveness and transparency of health services. It will provide a choice to individuals to access both public and private health services. Healthcare professionals will have better access to patients' medical history to provide better healthcare.

Core Building Blocks

ABDM is built on a set of modules that includes the following centrally maintained registries:

- **Ayushman Bharat Health Account (ABHA)** – Earlier known as Health ID, this is a unique 14-digit number that is used for identifying an individual, authenticating him/her and threading his/her health records across multiple systems and stakeholders.

THE ABDM ECOSYSTEM



A seamless online platform for healthcare delivery

- **Healthcare Professionals Registry (HPR)** – This is a comprehensive repository of all verified healthcare professionals (doctors, nurses, paramedical staff, ASHAs, etc. with details such as name, qualifications, specialisations, etc.) across all modern and traditional systems of medicine that will connect them to India's digital health ecosystem.
- **Health Facility Registry (HFR)** – This is a comprehensive repository of all verified health facilities in the country covering all systems of medicine (both allopathic and AYUSH). It covers both public and private health facilities including hospitals, clinics, diagnostic laboratories and imaging centres and pharmacies with details like address, specialities available, etc.
- **ABHA Mobile App** – Earlier known as Personal Health Records (PHR),

ABDM has been designed to onboard healthcare facilities and healthcare professionals from all systems of medicine including AYUSH.



The ABHA, HPR and HFR registry will assign its own unique identifier across the ecosystem.

this is an app (available both on Android and iOS platforms) through which patients can maintain electronic records of their health information in a private, secure and confidential environment. It can be drawn from multiple sources while being managed, shared and controlled by the individual.

The ABHA Number

An ABHA number can be generated by:

- Self-registration on the website <https://abdm.gov.in>, ABHA App or any ABDM-enabled software.
- Assisted mode in any healthcare facility or any other centre where such service is available.

Currently, the ABHA Number can be created by using the Aadhaar number, mobile number or driving license. When using Aadhaar, it is essential that your mobile number is linked to your Aadhaar number. You also have to provide certain basic details like demographic location, family/relationship and contact details. The process is easy, quick and paperless.

You can use one mobile number to create up to 4 unique ABHA numbers. The KYC for each ABHA number will be done via Aadhaar number to establish its uniqueness.

Creating an ABHA number is not mandatory for anyone; nor will anyone be denied healthcare services if they don't have one. However, this will become your starting point for creating safer and efficient digital health records for you and your family. It facilitates linkage of digital health records across all healthcare providers (government and private), thus allowing you to access all your digital health information anywhere, anytime without losing them.

Types of health records can include your prescriptions, treatment details, discharge summary, lab reports, vaccination summary, CT scans, MRI scans, etc. across multiple health facilities. You can also

share these records with hospitals/doctors you visit, with your consent. The data sharing remains highly secure and private.

It is up to you to decide whether to link your health records with your ABHA Number.

As of now, ABHA is being used for government hospitals and programs. While certain schemes may require you to provide your ABHA Number for implementation, by itself, the ABHA number does not provide any free treatment or healthcare services.

Private players can also choose to use ABHA for creating and linking health records. Going forward, the ABHA number will also help you in booking your hospital appointments online thereby avoiding long lines for registration in healthcare facilities, and avail healthcare services digitally.

The ABHA number of Ayushman Bharat Digital Mission should not be confused with Ayushman Card of Ayushman Bharat PMJAY.

The ABHA App

An ABHA address can be created on the ABHA app by using your ABHA number, mobile number or email address. This will be a unique address - similar to a virtual payment address or email ID - that you can create with a username of your choice. Like abc@abdm. This will be easier to remember than the fourteen-digit ABHA number. This address can be used to sign into the ABHA app, health locker or HIE-CM to receive, store and share medical records with healthcare service providers.

The key features of ABHA app are:

- Creation of ABHA address
- Discovery of health information
- Linking of health records with a given ABHA address
- Viewing health records
- Managing consent
- Self-uploading/scanning of existing physical health records

Therefore, ABHA number and address will help you to create your longitudinal health record online across different healthcare providers. This will facilitate better delivery of healthcare - appropriate treatment, follow-up and continuum of care - as healthcare providers can view your entire medical history, with your consent.

Currently, each ABHA Number can be linked with one ABHA address.

The ABDM ecosystem is growing consistently with active participation from the public as well as private sector. More than 27 crore ABHA numbers have been generated till date. The number of ABDM integrated partners totalled to 40 service applications, of which 16 are from public sector and 24 from private sources. (Data shared by MoHFW in May 2022)

Consent Management

Patient privacy is a hallmark of ABDM. Health Information Exchange and Consent Manager (HIE-CM) is a digital system which ensures that the identity of the person intending to share information is first verified, consent of the patient is taken, logged and only after that are the health records shared. Verification and consent are done by way of an OTP (one-time password) sent to the Aadhaar-linked mobile number. Digital health solution providers are also being encouraged to provide other features of providing consent, like biometric authentication using fingerprint, iris scan or facial authentication.

Moreover, the consent does not automatically facilitate access to all the health records linked to the ABHA number at a time. You can choose to share only selected health records with a doctor or healthcare provider, if you wish. While the consent is granular, it is recommended that you provide consent to share all health records with your doctor so that he/she can make the correct clinical decisions. Withholding of consent to share a particular record or partial consent is not recommended.

Last Updated : 21/12/2022 03:04 PM

Ayushman Bharat Health Accounts (ABHA) created

Today 2,95,946
Overall 29,73,25,505

Verified Facilities on HFR

Today 21
Overall 1,74,494

All Verified Healthcare Professionals

Today 876
Overall 1,13,669

Health Records Linked

Today 8,67,466
Overall 4,84,73,007

With ABDM, you will be able to choose which health records you want to link with your ABHA, securely store your digital health records on your devices, securely access your records online and securely share your health records with healthcare providers after giving your consent.

received 1.46 lakh calls from September 2021 to August 2022. Grievances can also be filed online at <https://grievance.abdm.gov.in/>.

The National Health Authority is responsible for designing strategy, building technological infrastructure and implementing the Ayushman Bharat Digital Mission.

The government will benefit with more informed decision making using advanced analytics and health biomarkers. It will also enable geography and demography-based monitoring and appropriate decision making to inform, design and strengthen implementation of health programmes and policies. Researchers will also be able to study and evaluate the effectiveness of various programmes and interventions.

Grievance Redressal

The ABDM helpline 14477/1800-11-4477 provides information and assistance regarding registration for creating ABHA, HPR and HFR numbers. It can also capture views, concerns and technical complaints of citizens, empanelled healthcare providers/hospitals and other stakeholders before sending it to the concerned authority/team for investigation and resolution. It

Larger Public Good

ABDM also facilitates access to anonymised and aggregated macro and micro-level data which sets the stage for a comprehensive feedback loop between researchers, policymakers and program managers. AB PMJAY is leveraging the ABDM platform; the digital linkages with ABDM enable effective quality and continuum of care.

AB PMJAY is leveraging the ABDM platform; the digital linkages with ABDM enable effective quality and continuum of care.

Conclusion

ABDM is expected to significantly improve the efficiency, effectiveness and transparency of health service delivery overall. Better preventive healthcare will become possible! ▶



A snapshot of a fictitious person's health records across various health programs that have been linked through the common identifier of ABHA number and can be easily accessed by healthcare providers with her consent



Himadri Sarkar
Author, Founder Member CII
(Bihar Chapter) and IACC (Jamshedpur Chapter)

Making Ayushman Bharat a True Gamechanger for Healthcare

“The government has launched a valiant response – now it needs to accelerate its efforts and implement comprehensive healthcare reforms on a war footing. Sustainable and inclusive growth in health coverage calls for a multi-pronged approach backed by proper planning, financing and monitoring that will make quality healthcare accessible and affordable for all”

– points out Himadri Sarkar



INDIA MOVED A step closer towards fulfilling the SDGs by launching the revolutionary Ayushman Bharat Yojana. We are making great strides in providing comprehensive need-based healthcare services with a continuum of care approach.

This is the latest attempt in a series of endeavours to improve the healthcare situation in the country. And while 'Health for All' still remains a distant reality, it cannot be denied that the overall health indicators have been gradually improving. The life expectancy stands at 70.1 years, infant mortality rate is 27.7 per 1000 live births, maternal mortality ratio is 97 per 100,000 live births and total fertility rate is 2.1 births per woman. (United Nations data for 2022)

Imbalance between States

Health being a state subject, the public health system is independently handled by the 28 states and 7 territories. The state/UT governments focus on providing healthcare services and health education, while the central government provides administrative and technical services.

Healthcare is still characterised by large inequities by geography. There are glaring health disparities between the rich and poor states with the predominantly rural ones suffering the most. States with underfunded health systems remain largely unregulated and are run in a grossly inefficient manner.

When it comes to Ayushman Bharat, the states can combine this aspirational scheme with their existing health insurance programmes. The states also have the autonomy to fix rates and decide on how to make payments. They can even offer additional services or reserve certain health benefits packages for public hospitals. However, this has created stark variations in not just the delivery models and insurance coverage but also availability and access.

The cost burden of Ayushman Bharat is shared in the ratio of 60:40 between the centre and state with the centre shouldering as much as 90%

in some of the north-eastern and hilly states. For instance, the premium of PMJAY health insurance was estimated at around Rs. 1,200-1,300 which is predominantly divided in the 60:40 ratio. Therefore, significant resources are coming from the centre.

The unprecedented COVID-19 pandemic has shined the light on the utterly inadequate health systems in certain states with yawning gaps in social protection and major structural inequalities. Now the onus is on the states/UTs to ramp up and coordinate with the centre to ensure that the health services reach the very last beneficiary of the programme! In fact,



full success of Ayushman Bharat depends largely on coordination between the centre and state governments. They have to quit playing the blame game and adopt a holistic approach for building a receptive, responsive and resilient public health system.

Treatment and dialysis of patients under Ayushman Bharat, was completely closed in registered private nursing homes of Dhanbad in April 2022 due to lack of premium payments to the insurance company by the government. The state government claimed to have released the fund, but private nursing homes said they got merely 5% of the total amount.

Imbalance between the Arms of Ayushman Bharat

It is clear that the Indian healthcare system is fragmented with lack of coordination between the different stakeholders involved in delivery of healthcare services. Not just this, the twin verticals of Ayushman Bharat – HWCs and PMJAY – function in their own rarefied space without any coordination between them. This is impinging on the effective utilisation of Ayushman Bharat as a whole!

Indeed, harmonising the two primary components will not only streamline access to care but also mobilise timely and quality care to the target beneficiaries.

Dr. Chandrakant Lahariya from India office of the World Health Organisation suggests the following measures:

- Common process for registration of patients at HWCs and PMJAY through a common health identifier with community linkage and registration.
- Training curriculum of ASHAs and other field workers should include a module on HWCs and PMJAY.
- Awareness generation for beneficiaries at grassroot level.
- Develop an effective and two-way referral system. For a forward referral, HWCs can become a source of information for PMJAY beneficiaries.
- Include some out-patient components in the PMJAY benefit package.
- Both PMJAY and HWCs should analyse disease and population health risks and trends.

Indeed, the crucial missing link is the lack of a proper referral system between the HWCs and PMJAY. However, policy design and implementation does not have to focus on establishing a functioning referral linkage between the primary and secondary/tertiary care services alone. To attain true success, the service delivery approach has to rise beyond mere referrals. The

PMJAY Gujarat provides transportation to patients at the time of discharge!



Investing in healthcare infrastructure will not only bring medical facilities to the patients' doorstep, but also introduce a healthy element of competition and choice all around.

healthcare professionals at the primary level should proactively seek appointments for patients requiring the next level of facilities. Once the treatment plan is prepared at the secondary/tertiary care level, the HWC should be updated about the same. This could prove crucial and helpful for providing holistic healthcare for non-communicable diseases like diabetes, hypertension, etc.

This kind of an approach is what will truly translate into 'continuum of care'!

Imbalance in Healthcare Services

As has been the pattern right since independence, Ayushman Bharat seems to be excessively focused on diagnostic and curative healthcare with promotive, preventive and rehabilitative services never garnering the requisite attention.

This arrant discrepancy has become glaringly obvious in the face of the extraordinary challenges thrown by the current pandemic. Most of the population was left vulnerable to the deadly virus due to the rampant malnourishment and lack of immunity. This was further augmented by the low access to healthcare in our already frail healthcare system. We were left floundering with the public and private healthcare facilities put together also proving to be insufficient.

We have to build a robust health system at the community level if we are to be better prepared when the next pandemic comes around. This will reduce poverty, improve the quality of life and enhance our long-term economic prospects as well. Investing in healthcare infrastructure will not only bring medical facilities to the patients' doorstep, but also introduce a healthy element of competition and choice all around.

The government has to definitely engage the private sector in its goal of universal health coverage. However, what we need is a healthy public-private partnership that will reduce the current over-reliance on private healthcare. Yet, it has to be made feasible for the private sector to implement the health schemes offered by the government.

Finally, it all boils down to a robust budgetary increase in the public health expenditure. Cuba is proof positive of the upshot of Government spending on healthcare. The island nation rose out of the mess of Soviet rule and economic blockades with a national health system that assumes full fiscal responsibility for the healthcare of its people despite the economic handicaps. The policies provide for equitable distribution of health services through national health insurance and delivery systems.

Hailed as the best healthcare in the world, Germany employs a compulsory health insurance formula to provide equal right to medical care for all. The insurance can be statutory (public) or private depending on the gross income. The premium is calculated as a percentage of the salary which is paid by both the employer and employee. Yet, the coverage is the same for everyone. Even Vietnam boasts of a compulsory state-run health insurance that covers both in-patient and out-patient costs and results in low out-of-pocket expenses for the public.

We can take a leaf out of the book of state-funded healthcare systems in Great Britain or Sweden that draw on tax revenue to extend comprehensive health coverage to all citizens. Countries like Sri Lanka and Thailand have also managed to reduce the financial burden on citizens by strengthening their primary healthcare system.

India is also clamouring for such a strong, efficient and well-regulated healthcare system. But all these measures call for extensive funding. So why doesn't the government develop a social health insurance blueprint where every earning citizen contributes to a centralised fund every month. This can be in the form of a mandatory contribution or a specific levy for healthcare. It will help pool the risk and reduce the encumbrance of sudden and catastrophic medical expenses. Thereafter, the people are free to walk into any public/private hospital and avail in-patient/out-patient healthcare sans any burden of financial hardships.

The good news is that the United Nations is supporting the government with evidence and policy advice for making universal health coverage possible!

Conclusion

Last but not the least; any health scheme cannot succeed unless the people actually participate in it. Therefore, encouraging wellness-seeking behaviour among the citizens remains crucial! ■



Mr. Anand Roy

Managing Director, Star Health and Allied Insurance Company Limited

Women Centric Health Insurance

ONE SIZE FITS all is clearly passé these days. Everyone from Gen Z to baby boomers are looking at products and services that caters to their specific needs. From cosmetic products to food to entertainment content etc., customers today choose from an array of products & services and consume one that best suits their lifestyle not just at a family but also at an individual level. Then why is this concept alien when it comes to health insurance?

Today, women are on par with men in almost every aspect of their lives. In fact, in many fronts, especially entrepreneurship, they are a step or two ahead of their male counterparts. However, when it comes to health and health insurance, they seem to be taking the back seat and just going with the flow. Now-a-days, as there are specific covers designed keeping in mind specific needs of women, these specialised policies provide adequate health cover to meet her changing requirements and unique health risks while provide cover for the rest of the family as well.

Women-centric policies go beyond standard policies by providing cover for health expenses that are often excluded. For instance, the Star Women Care Insurance Policy provides cover for a variety of treatments that are specific to women at various stages in their lives. Most women-specific insurance policies provide cover for specific treatment expenses and procedures like:

Assisted Reproduction Treatment – helpful for couples who face challenges with conception, this treatment comes as a boon and is covered by our women care insurance policy. It covers all treatment protocols that are deemed proven while it does exclude procedures that are experimental or investigational in nature.

Ante-Natal Care (Pregnancy Care) – antenatal care helps women have better delivery and birth outcomes. Women can claim this healthcare cover once they confirm their pregnancy.

In Utero Fetal Surgery/Repair – is an advanced surgical procedure performed on a foetus in the uterus to correct birth defects and improve the baby's survivability. Insurance cover is provided for procedures such as Open Fetal Surgery, Fetendo Fetal Surgery, Fetal Image-Guided Surgery (FIGS-IT) and EXIT procedure.

Delivery expenses – is another standard cover provided in women-centric policies, often covering the first birth. Many policies cover multiple births as well. At

Star Health, we provide cover for a maximum of two deliveries. In the unfortunate event of a miscarriage due to accident, we provide a lump sum amount to cover expenses.

Hospitalisation expenses for treatment of new born baby is also covered in such policies. This will include in-patient hospitalization expenses including day 1 cover for congenital defects (internal and external), anomalies, medical or surgical treatment expenses, neonatal and postnatal surgery or repairs. Many insurers also cover vaccination expenses of the new born as well.

Voluntary Sterilisation is one of the best methods of birth control. Under women-specific covers, voluntary sterilisation expenses for a Tubectomy or Vasectomy procedures are also covered.

Periodic Preventive Health Check Up for various age groups are also covered by such policies. When you consider Star Health Women Care Insurance policy, expenses for preventive health check-up cover, USG Abdomen tests for girls between 13 - 19 years, Thyroid profile, PAP, Vitamin D, USG Abdomen tests for women from 20 to 39 years of age, DEXA Scan, Sonomamogram, PAP, USG Abdomen tests for women between the ages of 40 to 59 years and DEXA Scan, PAP, USG Abdomen tests for women aged 60 years and above. The policy even covers all tests for males in any age bracket.

A lump sum on diagnosis of cancer is also provided in women-specific policies. Women are at a higher risk of contracting cervical and breast cancer and this cover provides a lump sum on first diagnosis. This is often an optional cover over and above the existing Sum Insured of the policy.

Apart from these specific covers, most women-centric insurance policies offer a wider cover that can meet the needs of their entire family. For instance, in addition to covering all the above treatments, the Star Women Care Insurance Policy also provides wider cover that includes treatments like in-patient hospitalisation, surgery, rehabilitation & pain management expenses, all day care treatments, organ donor expenses, coverage for modern treatments and even Ayush approved treatments making it a wholesome package for any woman and her family as well.

Choosing the right insurance product for you is never easy, especially when there are so many options. What one needs to understand is that once a policy has been chosen based on one's needs, it is important to maintain a policy consistently for a long period as this will reap additional benefits post the completion of the specified waiting periods. In such a scenario, it is crucial to pick a policy and opt for an adequate sum insured that will benefit you and your family, even years down the line. ■



What About the Unfortunate Middle Class?

The middle class segment of the population continues to be blindly overlooked by the policymakers right since Independence. Don't they need financial risk protection against unforeseen medical expenditures?



THE GOVERNMENT LOOKS out for the poor sections of society at every turn. It provides for their healthcare with public health insurance policies like PMJAY, ESI and other state health coverage. On the other hand, the richer sections can easily afford to cover their back with private health insurance policies.

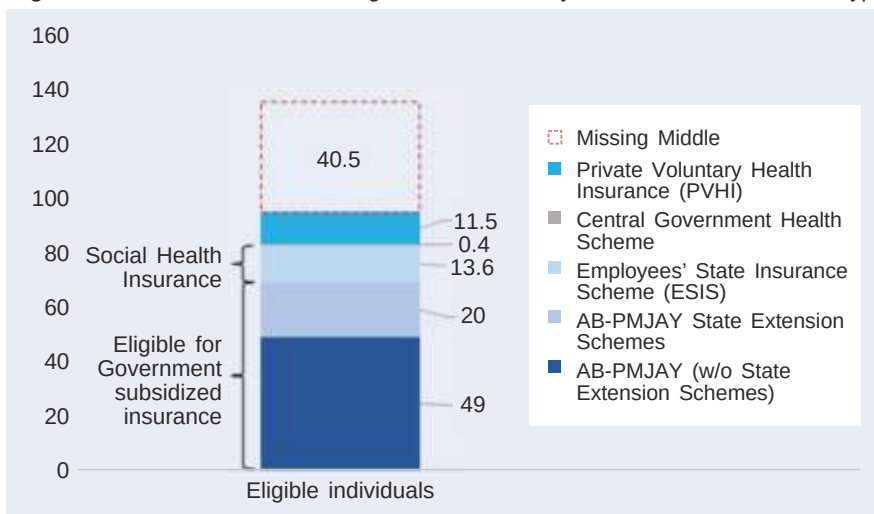
But what about the middle class who are too rich to be eligible for government health insurance and too poor to buy private insurance? Should they continue to be uncovered?

Squeezed between the deprived folks and their wealthy counterparts, this middle segment is constantly missing out on any form of financial protection for their health. Yet, these non-poor sections of the population remain equally prone to catastrophic and even impoverishing health expenditure. Indeed, an exceptionally adverse health event can tax their savings and push them into poverty!

Insuring the 'Missing Middle'

In September 2021, government's policy think tank, NITI Aayog released a comprehensive report titled *Health Insurance for India's Missing Middle* which brings out the gaps in the

Figure 1: Number of individuals eligible or covered, by health insurance scheme type



Dr V.K. Paul
NITI Aayog Member

The missing middle has the financial capacity to pay for health insurance cover. However, the current insurance products are targeted towards high-income groups. A well-designed, appropriately priced, voluntary and contributory insurance product catering to this segment will accelerate India's progress towards UHC while expanding the market for private insurance. The product needs to be built on principles of standardisation and simplicity.



health insurance coverage for 30% of the population – or 40 crore Indians – who have been termed as the missing middle! (see Figure 1) They constitute the self-employed (agriculture and non-agriculture) in rural areas and a broad array of occupations – informal, semi-formal and formal – in urban areas.

Indeed, the middle class can actually pay nominal insurance premiums, but alas, there is a glaring absence of low-cost health insurance products. Private voluntary health insurance is designed for high-income groups – it costs at least two to three times the affordable level for the missing middle! What they need is appealing, accessible and affordable insurance.

The ideal insurance policy for the missing middle will improve upon the existing *Arogya Sanjeevani* plan while also offering out-patient cover.

– NITI Aayog report

Pricing plays an important role in the uptake of voluntary contributory health insurance. Stakeholder discussions indicated a premium of Rs. 4,000 to 6,000 for a family of 5 per year (for a sum insured of Rs. 5 lakhs) as commercially viable for hospitalisation insurance. The out-patient product on a subscription model with benefits capped at Rs. 5,000 is most likely to be utilised by most households. These proposed prices are in line with their ability to pay, though some subsidy maybe required for the lower end of the missing middle.

– NITI Aayog report

“There are people earning Rs. 1,00,000 a year, and also those earning Rs. 10,00,000 a year, and if you look closely, the latter may be earning more but may not be able to afford all medical expenses. Therefore, we need to expand the list of beneficiaries and this plan is being seriously considered.

- A senior government functionary on condition of anonymity

The Insurance Regulatory and Development Authority of India (IRDAI) had launched 'Aarogya Sanjeevani' as a standardised hospitalisation insurance product with a basic benefits package that was made compulsory across insurers. However, it still suffered from drawbacks like high premiums (approximately Rs. 12,000 for a family of four) and a 2 to 4 year delay in covering several diseases/treatments which limited the uptake among the missing middle.

Therefore, NITI Aayog recommends a new product on the same lines with lower delays (and covering all diseases/treatments at the earliest). Additionally, it should offer out-patient benefits to demonstrate greater value and help in delivering better outcomes. This should cost half to a third of the Aarogya Sanjeevani policy as the missing middle cannot afford to pay that much.

The report outlines the basic features of both a contributory retail insurance hospitalisation product and an out-patient product for the missing middle. It concludes that a combined product can facilitate the development of a coordinated or integrated care model by aligning providers at different tiers, to



ensure patients can seamlessly transition across different levels of care. It will even nudge patients to seek timely care at the right level. Moreover, health outcomes can improve through greater use of primary care which helps screen and manage chronic conditions early on.

Public-Private Partnership

Needless to say, the government and the private sector will need to come together in this endeavour. In fact, the implementation pathway proposed by the report begins with expanding private voluntary insurance through commercial insurers in the initial phase. The government will have to join hands with the private sector for building consumer awareness that will generate group enrolments to build a

large and diversified risk pool with low premiums. “Private sector ingenuity and efficiency is required to reach the missing middle and offer compelling products”, highlighted Dr. Paul. Meanwhile, the government will have to modify regulations for standardised products while also offering a platform to improve operational efficiency.

Following on this, AB PMJAY's coverage can ultimately be expanded to the poorest segments of the missing middle population by leveraging the scheme's infrastructure to offer a voluntary contributory enrolment.

Ground Reality

It was recently reported that the government is considering expanding coverage of PMJAY and may offer it at a nominal premium to new beneficiaries.

As part of its expansion plans, the government has also started empanelling more private and public hospitals to provide cashless treatment. It should be noted that some states have already expanded PMJAY to cover some non-poor segments of the population.

Conclusion

It is high time the government considers providing financial protection - by way of a health insurance framework - to the missing middle class. This calls for a broad expansion of Ayushman Bharat. However, the PMJAY first needs to consolidate its existing coverage before pushing into new territories! ▶

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UPDATE ...



Moving a Step Ahead

Update on the November edition on

WORLD QUALITY DAY

Flying the Flag for Quality

WHO COULD HAVE imagined that our November issue on World Quality Day would coincide with such a heartrending calamity? Yet, it seemed fitting that we raised the importance of quality at such an opportune time!

The unfortunate and highly preventable collapse of the 140-year-old Morbi footbridge in Ahmedabad claimed 135 innocent lives on a Sunday evening – lives of people who had simply wanted to enjoy a popular tourist spot that had just been opened after 'repairs'.

What kind of repairs is the question here. Investigations after the tragedy brought to light that the rusted cables supporting the bridge were not changed during the repairs. Oreva Group, the private firm contracted with maintaining the bridge, merely replaced the wooden flooring with aluminium sheets that proved to be too heavy for the old cables.

The Morbi municipality officials, on their part, made varying claims – from stating that Oreva had not been issued a safety certificate before reopening the bridge to even going as far as saying that they were unaware that the bridge was open to the public! One of the Oreva managers even had the audacity to announce that the tragedy was 'God's will'!

Nobody asked why 3000 tickets were sold that day and 400 people were standing on a bridge that has a capacity of only a 100 people. All that the state government did was suspend the Morbi municipality chief – resigning him as an expendable casualty of the fiasco.

Merely nine Oreva staff, ticket collectors and security guards at the bridge have been arrested in the case. Please note that the owner of Oreva and other top brass have still not even been named or questioned!

The Gujarat High Court did raise questions about awarding the maintenance contract to Oreva Group without floating any tenders or inviting bids. But why is nobody questioning the slipshod renovation carried out by Oreva?

The state government showed its 'largesse' by announcing substantial monetary packages for the dead and injured. The centre soon chipped in with its own compensation. However, this is just the taxpayers' money



– read: our money – that is being doled out to cover their own ineptitude.

Alas, there is no accountability in the system per se. The culprits will get away scot-free like always! In fact, contractors and other vendors routinely turn in substandard quality as they know they can easily escape liability. Will quality of government activities ever be under the scanner in India?

Less than a month later, the nation woke up to another catastrophe with the collapse of a foot over bridge at a railway station in Maharashtra's Chandrapur. How many such tragedies will we have to face before the government pulls up its socks? Where will the buck stop anyway? ▶

Like a godsend follow-up to our scathing writeup on the fallout of fake reviews on e-commerce portals, the government unveiled a framework of standards to curb such misleading reviews on e-commerce websites. The 'Indian Standard (IS) 19000:2022' – prepared by the Bureau of Indian Standards – requires the platforms to have review administrators, mandating them to moderate reviews using tools or manually to filter biased or fraudulent reviews. This has come into effect from 25th November. Let's wait and watch how things unfold....

YOUR OPINION MATTERS

Letters to the



editor

(November edition on
World Quality Day)

We are truly humbled by the praise and acknowledgment that is flowing in from varied sources. Please feel free to send in your comments, views or feedback on The Aware Consumer magazine at bejonmisra@theawareconsumer.in – we will publish your opinions and implement your feedback while ensuring that your voice is heard on the right platforms.



You and your team are struggling hard for consumer awareness. You may agree "that quality of decisions and number of pending cases in our courts, particularly in consumer courts, reflect our

inability to provide justice" and speedy justice plays a great role in the development of a country.

With high regards. I respectfully submit that your noble mission to support our worthy PM's statement, "High-Quality Products Are A Must To Increase Export From India" success will further add to pendency of matters in the consumer courts which in turn will negate our exports. May I suggest to use your good office on this issue too.

– **M R Gupta, California**
mrgmin@yahoo.com

Former Asst Controller of Patents & Designs, Govt. of India



An excellent issue devoted exclusively to Quality. The editorial piece by Prof. Misra is bang on the spot. Very well written. Unfortunately, in our country, Quality comes with price. There are many factors for this. One is the ever-widening income gap. Unless people are given decent incomes, 'Quality for all' will be a chimera. Different layers of quality will continue to exist to cater to the different income streams. But sheer numbers are a major advantage for a country like ours, because a

low priced quality product can still be sustainable as the volumes will take care of the low cost of the product or service.

Kudos to the editorial team for bringing out this issue which is very well designed with appropriate eye-catching graphics and pictures.

– **K N Venkataraman, Mumbai**
Venkataraman.kaniyur@gmail.com



Enhanced awareness about quality in the manufacturing and delivery of all types of goods and services is essential for sustainable growth of the economy and improved quality of living for the people. The November 2022 volume of the Aware Consumer has brought out the issues and challenges for quality consciousness and proposed the way forward in a comprehensive manner. The authors of the various articles and the editorial team deserve high

appreciation for bringing out this very informative issue.

– **Sudhir Krishna, Gurugram**
sudhir.krishna@gmail.com



Good topic and articles! Fake reviews are a big business these days just like influencer marketing! I get calls every day from agencies offering paid reviews service on ecommerce platforms! Their network of

reviewers will place an order of your product and leave a review on the ecommerce platform as "verified purchase". You have to reimburse the reviewer the product cost and pay a fee for the review! And they get offended when I decline the offer! Imagine!

– **Sheetal Kabra, Hyderabad**
sheetal.k.mohanty@gmail.com



Great initiative by Bejon Da and his team, I always look forward to the new edition of Aware Consumer Magazine. It's not only very informative but also educates everyone about their rights, which is a need of the hour. Bejon Misra is a champion of consumer rights and always at the forefront, striving for the issues affecting the common man, which is rare in this day and age and truly admirable. Kudos once again to the entire team and thanks for bringing us such

amazing content every month!

– **Rohit Jiandaney, Mumbai**
rjiandaney@gmail.com



for the next issue in February dedicated to
Pendency of Consumer Complaints in various
Consumer Commissions in the country

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Posted at Lodi Road HPO, New Delhi on 9-10th of every month
Published on 6th of every month

RNI No. DELENG/2015/67140
REG. NO. DL (S)-17/3523/2017-19