# Pradhan Mantri Jan Arogya Abhiyan

## Why in news?

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The government rolled out Pradhan Mantri Jan Arogya Abhiyan recently.

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## What is the scheme all about?

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- The programme is being touted as the world's largest health protection scheme.
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- The scheme has two pillars under it –
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1. **Ayushman Bharat** (AB) -  5 lakhs health sub-centres will be converted into health and wellness centres.
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2. **National Health Protection Mission** (NHPM) - Provides health cover of Rs. 5 lakhs per family, per annum, reaching out to 50 crore beneficiaries.
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- The benefits of the scheme are portable across the country for secondary and tertiary care hospitalisation.
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- Also, a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country.
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- **Coverage** - The scheme will aim to target over 10 crore families based on SECC (Socio-Economic Caste Census) database.
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- It will target poor, deprived rural families and identified occupational

category of urban workers' families.
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- It will cover 1,300 illnesses, including serious ones such as cancer and heart diseases.
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- Private hospitals would also be part of the scheme.
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- To ensure that nobody from the vulnerable group is left out of the benefit cover, there will be **no cap on family size** and age in the scheme.
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- The insurance scheme will cover pre and post-hospitalisation expenses, including pre-existing illnesses.
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- **Funding** - The expenditure incurred in premium payment will be shared between central and state governments in a specified ratio –
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1. 60:40 for all states and UTs with their own legislature.
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2. 90:10 in Northeast states and the three Himalayan states of Jammu and Kashmir, Himachal and Uttarakhand.
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3. 100 per cent central funding for UTs without legislature.
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- The states are also free to continue with their own health programmes.
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- **Mode of funding** - In a trust model, bills are reimbursed directly by the government.
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- Andhra Pradesh, Telangana, Madhya Pradesh, Assam, Sikkim and Chandigarh are the states that will use a trust model for the mission.
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- In an insurance model, the government pays a fixed premium to an insurance company, which pays the hospitals.
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- Gujarat and Tamil Nadu have opted for mixed mode implementation.
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## What more does it need?

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- **Primary care** - The NHPM is pushing for hospitalisation at secondary and tertiary-level private hospitals, while disregarding the need for accessing primary care.
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- Hence, households should be made to register at the 1.5 lakh ‘health and wellness clinics’.
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- It should provide them access to district-specific, evidence-based, integrated packages of preventive health care.
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- It will also result in early detection of cancers, diabetes and chronic conditions, mostly needing long-term treatment and home care.
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- This will further minimise the demand for hospitalisation.
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- Investment in primary care would thus reduce the overall cost of health care for the state and the consumer.
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- **Private sector** - The National Health Policy 2017 proposed “strategic purchasing” of services from secondary and tertiary hospitals for a fee.
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- Competent health-care providers from private sectors can be roped in and standard treatment protocols and guidelines notified by the government.
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- This will rule out potential for any unnecessary treatment, since the fees are getting fixed per episode, and not per visit.
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- **Competition** - Health-care providers should be accredited without any upper limit on the number of service providers in a given district.
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- The annual premium for each beneficiary would be paid to those service providers, for up to a renewable one year, as selected by beneficiaries.
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- This will enhance competition and service quality while keep costs in check.
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- Also, District hospitals be upgraded to government medical colleges and teaching hospitals, so that capacities at the district levels be increased.
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- **Sectoral co-ordination** - Clean drinking water, sanitation, garbage disposal, waste management, food security, nutrition and vector control under various ministries be brought together to link health with development.

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- Swachh Bharat programme could be incorporated in the PMJAY, so that the overall co-operation of all these sectors will reduce the disease burden.
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- **Technology** - AI-powered mobile applications will soon provide high-quality, low-cost, patient-centric, smart wellness solutions.
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- The scaleable and inter-operable IT platform being readied for the Ayushman Bharat is encouraging.
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- Thus, with the integration of prevention, detection and treatment of ill-health, PMJAY would become a well-governed ‘Health for All’ scheme.
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**Source: The Hindu**

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