

# **Ayushman Bharat Scheme: An Evaluation of its Impact on Universal Health Coverage in rural Madhya Pradesh**

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## ***Abstract***

*Ayushman Bharat scheme is the largest health insurance scheme in the world, launched by the Government of India in 2018 to provide financial protection to poor and vulnerable households against catastrophic health expenditures by providing coverage for secondary and tertiary hospitalization expenses. This paper studies the impact of Ayushman Bharat Scheme on universal health coverage and out-of-pocket costs in rural Madhya Pradesh. For the study four villages, Dhamenta, Baghora, Bilkisganj, and Amla, from two districts, Narsinshpur and Sehore were chosen. The research uses a mixed-methods approach. Primary data was gathered through a purposive sampling technique-assisted survey and interviews with beneficiaries and community workers, and secondary data from government reports, surveys, and academic literature was used.*

*The findings suggest the scheme has made significant progress in enhancing healthcare service accessibility, decreasing out-of-pocket costs, and improving health outcomes for the poor and marginalized sections of society. However, challenges remain regarding quality, equity, and sustainability, including challenges related to the identification of beneficiaries, lack of awareness, delays in the enrolment process, ethical issues, etc. This requires further policy attention and action. The paper concludes with policy recommendations for strengthening the Scheme and advancing towards UHC in India.*

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## Background

Health and development are two essential facets that significantly influence the well-being and progress of individuals, communities, and nations. Health acts as a fundamental pillar upon which sustainable development rests. A healthy population is better equipped to seize opportunities and overcome challenges, leading to increased productivity and overall economic growth.<sup>1</sup> Improved access to healthcare services, preventive measures, and adequate nutrition are essential components that enable individuals to reach their full potential. Development is closely linked to social determinants of health, such as income levels, education, and employment opportunities. These factors influence access to healthcare, healthy living conditions, and lifestyle choices, ultimately impacting individuals' and communities overall health and well-being.<sup>2</sup> In this context, Universal Health Coverage (UHC) has emerged as a pivotal strategy that fosters equitable access to healthcare services that strengthens the link between health and development. By ensuring that everyone can access the healthcare they need without facing financial hardship, UHC has been recognized as a transformative force for societies, laying the groundwork for sustainable progress and prosperity.<sup>3</sup>

In developing countries, health schemes sponsored by the government have consistently demonstrated their effectiveness in enhancing both access to healthcare infrastructure and utilization of services while significantly reducing out-of-pocket expenses for individuals.<sup>4,5,6</sup> In recent decades, India has garnered global attention because our economy is among the world's top three fastest-growing economies. Despite impressive progress in various sectors, the World Bank classifies India as a Lower Middle-Income Country, primarily because of varying socio-economic and health indicators.<sup>7</sup> The 2011 Census Data indicates that more than 20 per cent of India's population still lives below the international poverty line of \$1.9 per day. By 2021, over 34 per cent of India's population is projected to be in the 15-35 age group.

Providing adequate and affordable healthcare to over 1.4 billion has proven challenging. Healthcare services in India show a significant bias towards the private sector, which caters to nearly 70 per cent of all healthcare needs and possesses 50 per cent of total hospital beds.<sup>8,9</sup> Private healthcare providers, often small (<25 beds) and unregulated, vary in care

quality. In several cities Govt. hospitals struggle with funding, staffing, and supplies.<sup>10,11</sup>

The continued underfunding of India's public healthcare system stands as the primary factor behind this situation. Over the past twenty years, the Government of India has consistently allocated only 1.2 per cent of its GDP to healthcare expenditure. The National Health Policy and also the Fifteenth Finance Commission will increase government health spending from 1.2 per cent to 2.5 per cent of GDP by 2025.<sup>12</sup> The share of government expenditure on health is gradually rising, it increased from 21 per cent in 2019 to 26 per cent in 2023.<sup>13</sup>

Increasing healthcare requirements, coupled with high out-of-pocket expenses, have contributed in increasing poverty in the country by pushing around 60 million people every year into poverty.<sup>14</sup> Access to affordable and quality healthcare remains a persistent challenge in rural India, where a significant portion of the population faces numerous barriers to adequate healthcare services. Recognizing the urgent need to address this issue and fulfil the vision of universal health coverage, the Government of India launched Pradhan Mantri Jan Arogya Yojana, as part of the Ayushman Bharat scheme in September 2018.<sup>15</sup>

### **The Idea of Universal Health Coverage**

Universal Health Coverage (UHC) is a broader concept that encompasses a wide range of health services, including preventive, promotive, curative, and rehabilitative care. The goal of UHC is to ensure that all individuals and communities have access to the healthcare services they need without facing financial hardships. It is a fundamental right and a core component of sustainable development.<sup>16</sup> The United Nations has defined UHC as the principle that everyone, regardless of location, should access essential healthcare without financial hardship. SDG 3.8 stresses UHC, comprising financial protection, quality healthcare access, and affordable medicines.<sup>17</sup>

India's Twelfth Five-Year Plan outlined initial steps for Universal Health Coverage (UHC). UHC is vital for human rights, health, and productivity. It prevents health-induced poverty and narrows social disparities, as proven in countries like Rwanda, the Kyrgyz Republic, and Thailand, making the ambitious goal attainable.

### **Ayushman Bharat Scheme - Pm-Jay**

Ayushman Bharat, also called the National Health Protection Scheme, is a flagship initiative to revolutionize rural healthcare. It aims to assist 100

million disadvantaged families (around 500 million beneficiaries) with up to 0.5 million rupees/year for hospitalization.<sup>18</sup> It aligns with the principles of UHC by providing financial protection and access to healthcare services for the economically vulnerable sections of society and reducing the out-of-pocket expenditure for the beneficiaries.<sup>19</sup> The Ayushman Bharat's mission comprises two interconnected elements: Health and Wellness (H&W) centres, and the Pradhan Mantri Jan Arogya Yojana (PMJAY). The primary objective of H&W centres is to enhance sub-centres and primary health centres, enabling them to provide comprehensive services under primary healthcare to all. PMJAY is a nationwide, state-funded health insurance programme that caters to secondary and tertiary care hospitalization expenses.<sup>20</sup> It seeks to establish a demand-led healthcare system to provide cashless hospitalization for eligible beneficiaries, protecting them from financial hardships.<sup>21</sup> Ultimately, PM-JAY incentivizes the expansion of healthcare services, encouraging the private sector to reach under-served areas in Tier-I, Tier II and Tier-III cities. PM-JAY replaced *Rashtriya Swasthya Bima Yojana* (RSBY) and collaborated under various state-funded health insurance schemes to streamline healthcare services in the country.<sup>22</sup> The current program's structure emphasizes the need for a collaborative partnership among the government and the private sector to foster the vision and transform it into a reality.

As it is an important scheme to materialize universal health coverage in India, it is important to study its impact, especially in rural India. Such an evaluation would provide insights into the scheme's achievements, identify gaps and challenges, and suggest potential areas for improvement. By analysing available data, conducting field research, and reviewing existing literature, this research paper aims to understand the scheme's impact and provide evidence-based recommendations for its enhancement.

### **Methodology and Locale of the Study**

This research used a mixed methods approach, combining quantitative and qualitative data collection techniques. Purposive sampling was utilized to identify the participants. A total of 53 beneficiaries were selected from four villages. Informed consent was obtained from all participants, emphasizing the purpose of the study, confidentiality, and the protection of their privacy. The questionnaire was designed to contain questions relating to the information about provisions of the schemes to check the awareness and experience of those beneficiaries who utilized the services under the scheme. In-depth interviews were carried out with key informant beneficiaries.

To understand the impact of Ayushman Bharat in rural Madhya Pradesh, two districts of Madhya Pradesh, Narsinghpur and Sehore, were selected based on their location and distance from the capital/ urban area.

Two villages from each district were chosen randomly: Dhameta, Baghora and Bilkisganj, Amla.

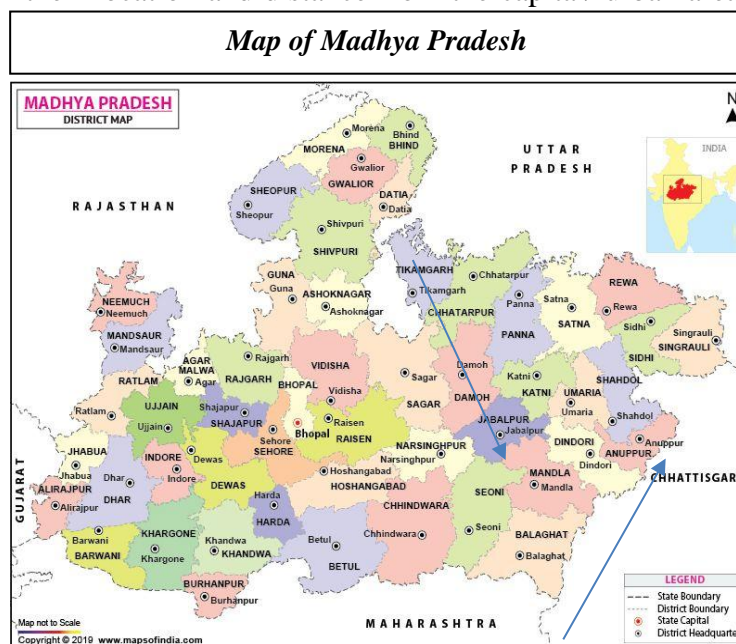
The Sehore district is located in the centre of Madhya Pradesh. It comprises total of 542 village panchayats, with a total Population of

13,11,332 people, out of which 2,10,468 resides in rural areas. The villages, *Bilkisganj* and *Amla*, are connected to the nearby cities of Bhopal and Sehore through state highways, facilitating transport accessibility facilities. Narsinghpur district is situated in the southern region of Madhya Pradesh. The nearby cities like Narsinghpur and Jabalpur are about 35 to 100 km away. The district has a total population of 10,91,854 roughly. The Literacy rate is 76.7 per cent. The two villages selected are *Dhameta* and *Baghora*. Both are small villages with approximately 1000-1500 population in each.

## Results and Discussion

### • Ayushman Bharat in Madhya Pradesh

Madhya Pradesh comes under the high focus list of Under AB-HWCs, with 871 centres. For the financial year 2019-20, about 1187.3 million was allocated by the Government of India, out of which 877.4 were released. It shows the higher performance of the Scheme in Madhya Pradesh.<sup>23</sup> As per the latest data (29.09.2023), the number of cards issued under the AB-



Source: [www.mapsofindia.com](http://www.mapsofindia.com)

PMJAY is 3,70,63,865. There are 432 private and 494 government hospitals impanelled that have partnered with the scheme to provide medical services to the beneficiaries under the program.<sup>24</sup>

<b>Table 1</b> Progress of the AB-PMJAY in Madhya Pradesh (as on 29.09.2023)			
No. of Ayushman Cards	No. of Private Hospitals Empanelled	No. of Government Hospitals Empanelled	Total No. of Treatments
37063865	432	494	3183146
Source: (Government of Madhya Pradesh, 2023)			

There are 11 impanelled hospitals in Narsinghpur district out of which six are government hospitals, three are private hospitals and two are semi-government hospitals. In Sehore district, there are a total of 22 impanelled hospitals, out of which 15 are government hospitals and seven private hospitals. The data regarding the impanelled hospitals for both districts are given in Table 2;

<b>Table 2</b> Details of Hospitals Empanelled in Selected Districts		
	<b>Narsinghpur</b>	<b>Sehore</b>
Government Hospitals	<ul style="list-style-type: none"> <li>• Choudhary Charan singh Govt. Hospital narsinghpur</li> <li>• Community health center kareli</li> <li>• CHC Tendukheda</li> <li>• CHC Rajmarg Chouraha</li> <li>• Govt. civil hospital gadarwara</li> <li>• CHC Saikheda</li> </ul>	<ul style="list-style-type: none"> <li>• CHC Jawar</li> <li>• CHC Rehti</li> <li>• PHC Veerpurdam</li> <li>• CHC budhni</li> <li>• District hospital Sehore</li> <li>• CHC Ichawar</li> <li>• PHC Siddikganj</li> <li>• CHC Nasrullganj</li> <li>• CIL Aasta</li> <li>• CHC Bilkisganj</li> <li>• PHC Diwadiya</li> </ul>

		<ul style="list-style-type: none"> <li>• PHC mardanpur</li> <li>• CHC Doraha</li> <li>• PHC Kothri</li> <li>• CHC Ladkui</li> </ul>
Private Hospitals	<ul style="list-style-type: none"> <li>• Lakshmi Narayan memorial hospital</li> <li>• Radha Krishna nursing home</li> <li>• Paradkar hospital and Research centre</li> </ul>	<ul style="list-style-type: none"> <li>• Rana uday pratap</li> <li>• Madhuban hospital unit of TISS</li> <li>• Vijyasun speciality</li> <li>• Sanjeevani hospital</li> <li>• Vaibhav hospital</li> <li>• Saniya hospital</li> <li>• Shivalaya hospital trauma and maternity centre</li> </ul>
Semi-Government Hospitals	<ul style="list-style-type: none"> <li>• Shridham hospital</li> <li>• Neekhra hospital</li> </ul>	
Source:		

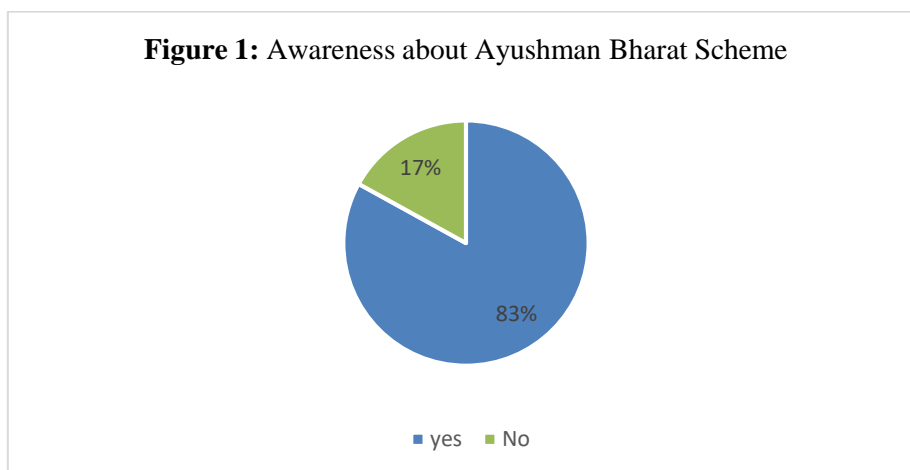
### - **Demographic Profile of the Respondents**

The researchers analysed age, gender, socioeconomic status, and regional distribution to gain insights into the program's reach and inclusivity. The gender distribution shows that the majority of the respondents were male (73.6 per cent, 39). This is primarily due to the reason that in rural areas most of the outside work i.e., taking sick patients to hospitals and managing in hospitals is done by the male members and they were better aware of the scheme as well. Further, concerning the age distribution, respondents from various age groups formed the sample. The majority of the respondents i.e., 34.6 per cent were in the 18-25 years age group. 28.8 per cent of the respondents were in the age group of 26-35 years, 23.1 per cent were in the age group of 36-45 and 13.5 per cent were in the

age group of 46-55. As the study was conducted in a rural area, the majority of the respondents, 52.8 per cent, were engaged in farming or agricultural activities. Others included self-employed 18.9 per cent, daily wager 9.4 per cent, salaried employees 5.6 per cent, students, etc. Concerning educational background, 34 per cent (18) of the respondents had completed graduation or higher education. 18.9 per cent (10) had attained secondary education, a significant proportion of individuals, 15.1 per cent (8) had completed higher secondary education, and significant proportion i.e. 17 per cent (9) had no formal education.

- **Awareness about the Ayushman Bharat Scheme**

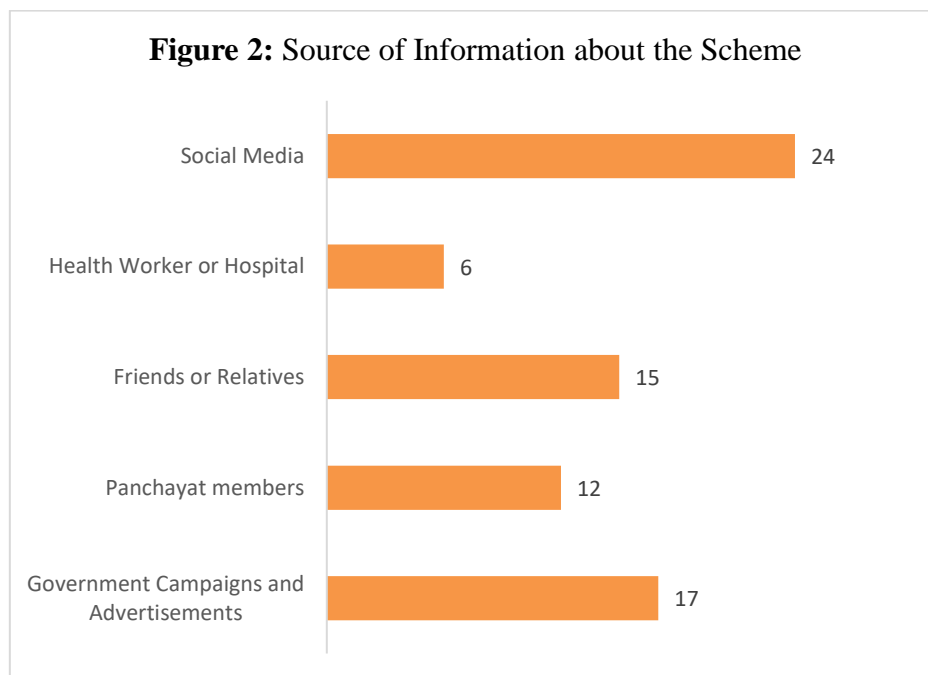
As shown in Figure 1, majority of the respondents i.e., 83 per cent (44), were aware of the Scheme or Ayushman card. The same is corroborated by another study conducted in rural areas of Tamil Nadu.<sup>25</sup> The majority, 65.1 per cent, correctly identified it as a government health insurance scheme, and 79.1 per cent knew it provides healthcare insurance coverage of up to 0.5 million per year. It is positive that a significant portion of the respondents, 39.5 per cent were aware that the scheme is available in both government and private hospitals. However, only 31 per cent of the respondents were aware of the coverage of pre and post-hospitalization costs, leaving some room for improvement in understanding this aspect.



Source: Data collected by Authors

Concerning the source of information about the scheme (Figure 2), government campaigns and advertisements played a substantial role in spreading awareness, as indicated by 40.5 per cent (17) of the respondents. Word-of-mouth through friends and relatives played a significant part, with 35.7 per cent (15) of the respondents learning about the scheme from friends

and relatives. Mobile and social media platforms also contributed significantly to awareness, with 57.1 per cent (24) of the respondents citing them as the most important source of information. Additionally, local government or panchayats (14 respondents) and health workers/hospitals (six respondents) played a role in disseminating information about the scheme. The findings revealed that a significant proportion of the respondents (45.7 per cent, 21) were not aware of HWCs- an integral part of the Scheme.



Source: Data collected by Authors

Overall, the data indicates a relatively high level of awareness of the Ayushman Bharat Scheme. Government campaigns, advertisements, and social media appear to be effective channels for disseminating information about the scheme. However, there is a notable proportion of respondents were unaware of Health and Wellness Centres, which could be an area for targeted awareness campaigns and information dissemination.

- **Coverage of AB-PMJAY among respondents**

All the respondents informed that the scheme has played an important role in mitigating the financial challenges that they had faced earlier while seeking healthcare services. This indicates that the Scheme has been

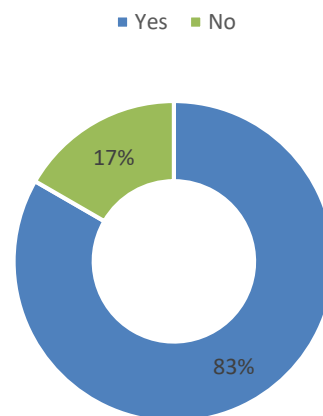
successful in achieving its aim of alleviating the financial strain on households.

Furthermore, majority of the respondents (83.3 per cent, 30) informed that they did not face any difficulty in getting an Ayushman Card. It is important to note that the Madhya Pradesh Government has taken various steps to cover all the eligible beneficiaries, thus making the process of getting Ayushman Card easy and simple for the vulnerable population. Only 6 respondents (16.7 per cent) reported difficulties obtaining the

Ayushman card. Since the enrolment process was online through service centres, some technical issues like fingerprint mismatch or delay in uploading information were faced. Poor internet connectivity in rural areas was the major technical issue.

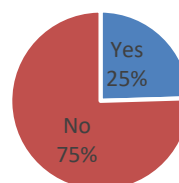
Findings reveal that the Ayushman Bharat Scheme has undeniably proven its efficacy in alleviating the financial burdens associated with healthcare expenses. The positive feedback from respondents, showcasing its pivotal role in mitigating previous challenges, underscores its success in achieving its intended goal. The Madhya Pradesh Government's proactive measures in ensuring a seamless enrolment process, coupled with the scheme's impact on enhancing healthcare accessibility and affordability, stand as commendable achievements. While some technical hurdles were noted, addressing these issues could further bolster the scheme's effectiveness. The scheme's ability to foster positive changes in healthcare access and expenditure signifies its

**Figure 4:** Facing difficulties in getting Ayushman card



Source: Data collected by Authors

**Figure 5** Utilisation of AB-PMJAY



Source: Data collected by Authors

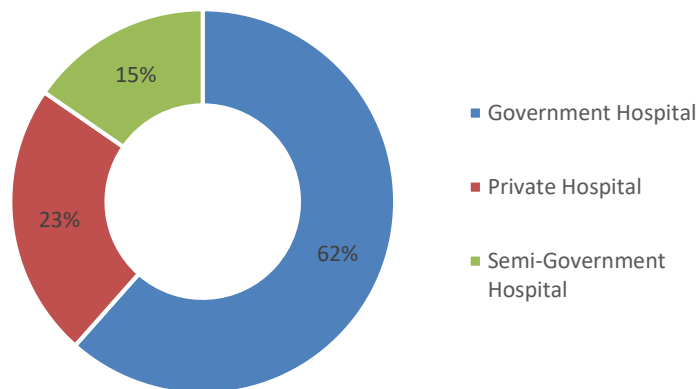
valuable contribution to the well-being of numerous beneficiaries.

- **Utilisation and impact of AB-PMJAY**

Of the 53 respondents, only 13 (25 per cent) had availed services under the AB-PMJAY scheme. Among those who have not used the card, the main reasons cited were not needed (68 per cent), a few (4) respondents did not know how to use the card, and some mentioned that certain diseases are not covered under the scheme. These reasons indicate that while significant portion of the population is aware of the Ayushman Bharat Scheme, some may not find it applicable to their specific healthcare needs or be fully informed about its coverage and usage.

For those who have used the Ayushman card, the majority (62 per cent) received benefits at government hospitals, while 23 per cent accessed private hospitals, and the remaining 15 per cent utilized semi-government

**Figure 6: Types of hospital**



Source: Data collected by Authors

facilities (Figure 6).

Interviews revealed that private hospitals were easily accessible for treatment through the Scheme, offering better facilities.

Respondents further informed that

private hospitals also made bills that were higher than the actual expenditure. This raises concerns about the potential ethical implications of private hospitals actively approaching people to utilize the scheme for their benefit. Similar problems have also been highlighted in other studies, and more specific and stringent strategies for the regulation of private hospitals under AB-PMJAY are suggested.<sup>26,27</sup> Ensuring fair and equitable access with proper regulation to healthcare services in both public and private facilities remain an important aspect to address under the scheme.<sup>28</sup>

The purpose of using the Ayushman card included, surgeries or operations (46 per cent), accidents (31 per cent), and emergency conditions (23 per cent). This distribution reflects the variety of healthcare needs the scheme caters to, from planned medical procedures to unforeseen emergencies, including critical and life-saving interventions.

The distance to be covered to receive health care services provides the picture of physical access to the services. This research reveals that the majority of the respondents (60 per cent) had to travel more than 20 to 50 km to utilize the services under the Ayushman Card. This reflects accessibility hurdles in remote rural areas, requiring travel to towns or cities to access health care services. This affects convenience, particularly in emergencies. Expanding the network of hospitals and healthcare centres in such regions could further enhance the scheme's effectiveness and reach.

Further, regarding their experience of receiving health care services through the Ayushman Card, most of the respondents reported positive changes in access to healthcare services. The most common changes were increased availability of healthcare facilities, a reduction in out-of-pocket healthcare expenditures, and improved access to free treatment and medicines.

Thus, while awareness about the scheme appears widespread, utilization remains modest, primarily driven by individual perceptions of need and understanding of covered conditions. The utilization pattern, predominantly favouring private hospitals for their perceived advantages, raises ethical concerns that warrant stricter regulatory measures. The scheme's versatility in catering to diverse healthcare needs, from planned interventions to unforeseen emergencies, underscores its importance in the healthcare ecosystem. Nonetheless, the challenges of physical access indicate a pressing need for expanded healthcare infrastructure.

- **Health spending and financial assistance**

All the respondents reported that the scheme has played an essential role in providing financial support in accessing healthcare services. Majority of the respondents (70 per cent) said it covered all major healthcare expenses, indicating that the scheme's coverage was comprehensive and sufficient for significant medical needs. Additionally, 24 per cent mentioned that though not all costs were fully covered, the scheme still contributed substantially to their financial protection. Only a small proportion (six per cent) reported that the scheme covered only a minor portion of healthcare expenses. Interestingly, many respondents (55.6 per cent) reported spending additional amounts on treatment. These included travel costs,

accommodation for accompanying family members, blood, surgical material, medicines, injections etc. Some respondents mentioned that during the initial days of hospitalization, before the Ayushman account became operational, they had to spend from their pockets, highlighting potential challenges in accessing immediate financial support under the scheme.

56.3 per cent of the respondents reported challenges and limitations of the scheme. The two most common challenges were long documentation processes and delays in operationalizing the scheme. The administrative procedures seem like hurdles that hinder beneficiaries from receiving timely financial assistance. Some respondents faced difficulties obtaining medicines, especially if they were unavailable in selected shops designated under the scheme. Ethical concerns were also raised, such as private hospitals allegedly involving lawyers for accident cases, raising questions about the appropriateness of such practices.

The findings indicate that the Scheme has provided financial protection to many beneficiaries. However, some challenges and limitations still need to be addressed to improve the scheme's effectiveness. Streamlining documentation processes and reducing operational delays could help beneficiaries' access financial support more efficiently. Furthermore, ensuring wider availability of medicines and addressing ethical concerns in healthcare service provision can contribute to enhancing the overall experience and impact of the Scheme.

### **Conclusion and Suggestions**

Ayushman Bharat Scheme is one of the best healthcare-related schemes in India which provides social security in the form of public health insurance for poor and vulnerable sections of the society. The findings reveal that a significant portion of the population is aware of the scheme and many of beneficiaries have experienced financial protection and improved access to healthcare services. This indicates that the government's efforts to promote and disseminate information about the scheme have been practical. It has covered significant healthcare expenses, signifying its importance in alleviating the financial burden of healthcare costs for rural households. Nonetheless, some respondents mentioned facing additional expenditures, such as travel and incidental expenses, indicating the need for improved implementation to ensure timely access to financial coverage. Challenges and limitations were observed in the scheme's implementation. Delays and long documentation processes were cited as significant obstacles, hindering beneficiaries from accessing timely financial support. Addressing administrative inefficiencies and streamlining processes is crucial to enhance the scheme's accessibility and responsiveness. Furthermore,

concerns were raised regarding the unethical practices of private hospitals, which raises questions about the scheme's equitable reach and its potential for exploitation.

Following are the major suggestions based on the findings of the study:

- Continue and expand awareness campaigns to reach out to the remaining population unaware of the scheme's benefits with emphasis on Health and Wellness Centres. Engage in targeted outreach programs in rural areas to increase the utilization.
- Implement measures to reduce documentation time and ensure timely operationalization of Ayushman accounts to prevent individuals from facing out-of-pocket expenses during hospitalization.
- Collaborate with pharmaceutical suppliers to ensure a consistent supply chain and expand the network of designated shops to improve medicine availability for beneficiaries.
- Implement strict monitoring and regulation of private hospitals to prevent unethical practices.
- Invest in developing and expanding healthcare facilities in rural areas to reduce the distance beneficiaries need to travel for medical treatment.
- Regularly assessment of the scheme's impact through periodic evaluations and feedback from beneficiaries.

In conclusion, the Ayushman Bharat Scheme has made significant strides in achieving universal health coverage in rural India. It has provided financial protection and improved access to healthcare services for many beneficiaries. However, challenges such as limited awareness, administrative inefficiencies, and unethical practices must be addressed to optimize the scheme's impact. By addressing these challenges, the Scheme can contribute to the goal of universal and equitable healthcare coverage for all rural citizens in India.

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