A comprehensive view of India's health scheme for the underprivileged

The demographic challenges India faces

India is a South Asian country with a population of more than 1.3 billion and a population density of 382 persons per square km. It is one of the world's most the heavily populated countries is extremely diverse [1].

Since the latter part of the twentieth century, the country's population has risen at an alarming rate. The growth rate as of 2019 was around 1%, which equates to around 25 million births happen every year. Forecasting regarding the nation demographic 'India is projected to overtake China on a population basis in 2027 by adding nearly 273 million people'.

India is now at the late transition demographic phase which is characterized by decreasing birth rate as well as decreasing of the death rate. However, the birth rate has declined by only 2.6% since 2008, and is expected to be at 20.2% now[1]. Due to the still high birth rate and slowly decreasing death rate, the average family size is 4.4 people per household. This represents a major obstacle for preventing high expenditure on daily requirements as well as healthcare[2]. Marginalized families are pushed below the poverty line; the impoverished become to extremely poor in light of this burden.

India has one of the fastest-growing economies in the world, but the downtrodden have not benefited as much from the economic boom. Two-thirds of the Indian population resides in poverty, earning less than 2 USD per day. More than 30% of the population earns even less than USD 1.25 per day. There is unemployment, lack of proper infrastructure and education which slows down their growth.

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The health landscape reflects these economic and demographic conditions, prompting government action. The most common health conditions observed are malnutrition, child labor, and infant mortality.

Approximately 1.4 million children die within 5 years of age due to malnutrition, pneumonia, malaria, and diarrhoeal diseases. Critical conditions such as heart attack, Coronary Artery Bypass Surgery (CABG), and major organ transplantation require intensive care along with hospital stay and have been out of financial reach for much of the population.

To provide aid to these disadvantaged citizens, and reduce their out-of-pocket expenses, the government has launched several schemes.

Ayushman Bharat is the biggest Indian cashless health insurance scheme. It aims to provide free healthcare treatment at government and private healthcare facilities for both secondary and tertiary health conditions (critical illnesses).

Government promises to provide treatments worth INR 4.5 Lakhs (€ 5196.73) for tertiary treatments and for INR 50 thousand (€ 577.41) secondary treatments per family per year); This is proposed through Mahatma Jyotirao Phule Jan Arogya Yojana (a catastrophic illnesses requiring hospitalization cover for surgeries and therapies for the state of Maharastra) and Bhamashah Swasthya Bima Yojana (Rajasthan state-run scheme)[4].

The journey of health insurance for the underprivileged started when the government of India launched Universal Health Insurance Scheme (UHIS) in August 2003 to provide reimbursement of medical expenses, cover accidental deaths, and disabilities.

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The Jharkhand Model

In 2005, the International Labour Organization in Jharkhand proposed that there is a need for the development of a health scheme covering all families below the poverty line. The integrated health care system adopted innovative features allowing it to pave the way towards a broader program that could ultimately reduce out-of-pocket expenditure for all. Launched in 2008, it provided hospitalization cover up to INR 30.000 per year. This scheme had no exclusion clause and introduced a cashless facility for the poor. For the unorganized sectors, it was named Rashtriya Swasthya Bima Yojana (RSBY)[5]. Its success inspired 25 states and union territories but did not catch on in the larger states of Andhra Pradesh (AP), Madhya Pradesh (MP), Rajasthan, and Jammu and Kashmir (J&K).

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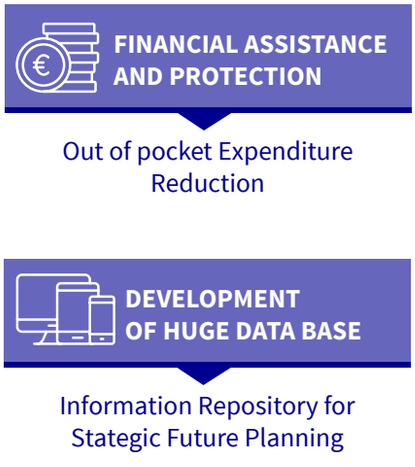
Despite their success, these schemes experienced several challenges because the structure was devised for providing financial protection from secondary illnesses, leaving beneficiaries exposed to the financial drains from treatments of critical illnesses. Gradually, some states initiated a specialized cover for critical illnesses. In Rajasthan, their first state health Insurance scheme was named Bhamashah Swasthya Bima Yojana- a comprehensive coverage – ensuring secondary as well as tertiary illnesses. The scheme introduced the insurance company in the agreement which not only helps in reducing administrative costs it, also narrowed the loopholes in the scheme.

A successful health scheme for the underprivileged provides financial assistance and protection to individuals covered under it. It should ensure a reduction in out-of-pocket expenditure of the beneficiary for either treatment or for traveling towards the healthcare facility.

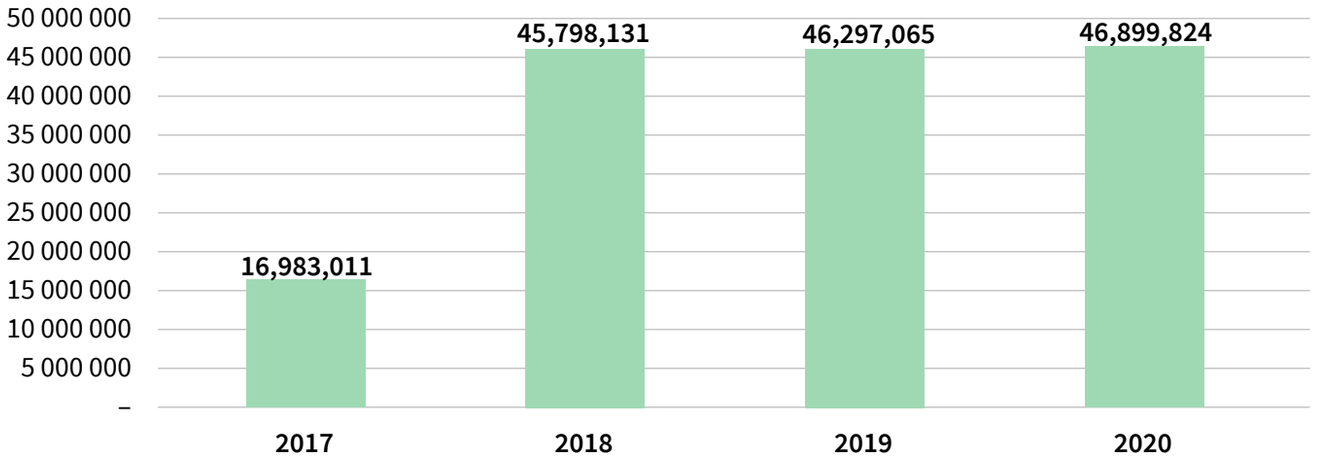
How AXA's public-private partnership works

The country's administrators face challenges provide the best structure for the pure benefit of the society. To fill the gap, public insurance and AXA plan to work symbiotically on two key parameters: financial assistance and quality.

AXA Reinsurance India started their journey in mass health schemes for downtrodden population by having set their wheels in motion on the Land of Rajput kingdoms- 'Rajasthan'. Up to now, AXA has shown its presence in 7 major states with more than 60% enrolment in every state. These states are Punjab (88.4% enroiment achieved), Rajasthan (103% individuals enrolled), Jharkhand (100% target achieved), Maharashtra (100% target achieved), Goa (76.7% target of enrolment achieved), and West Bengal (64% of planned beneficiaries enrolled). U.Overall, **94.8%** of the target by the state was achieved which was supported by insurance and Reinsurance organization in registration and identification of the beneficiaries. **In addition to this, till September 2020, the organization has paid INR 4.44 million claims having shedload worth of INR 41.60 billion.** In Rajasthan, out of more than 900 healthcare providers enlisted (empanelled) in Bhamashah Swasthya Bima Yojana, around 256 of them were penalized **and de-empanelled (were cancelled out from the empanelled list)** for being part of fraudulent activity. This proves that, a diligently performing team in claims and investigation is the backbone of governance to provide best services to all those who are entitled.



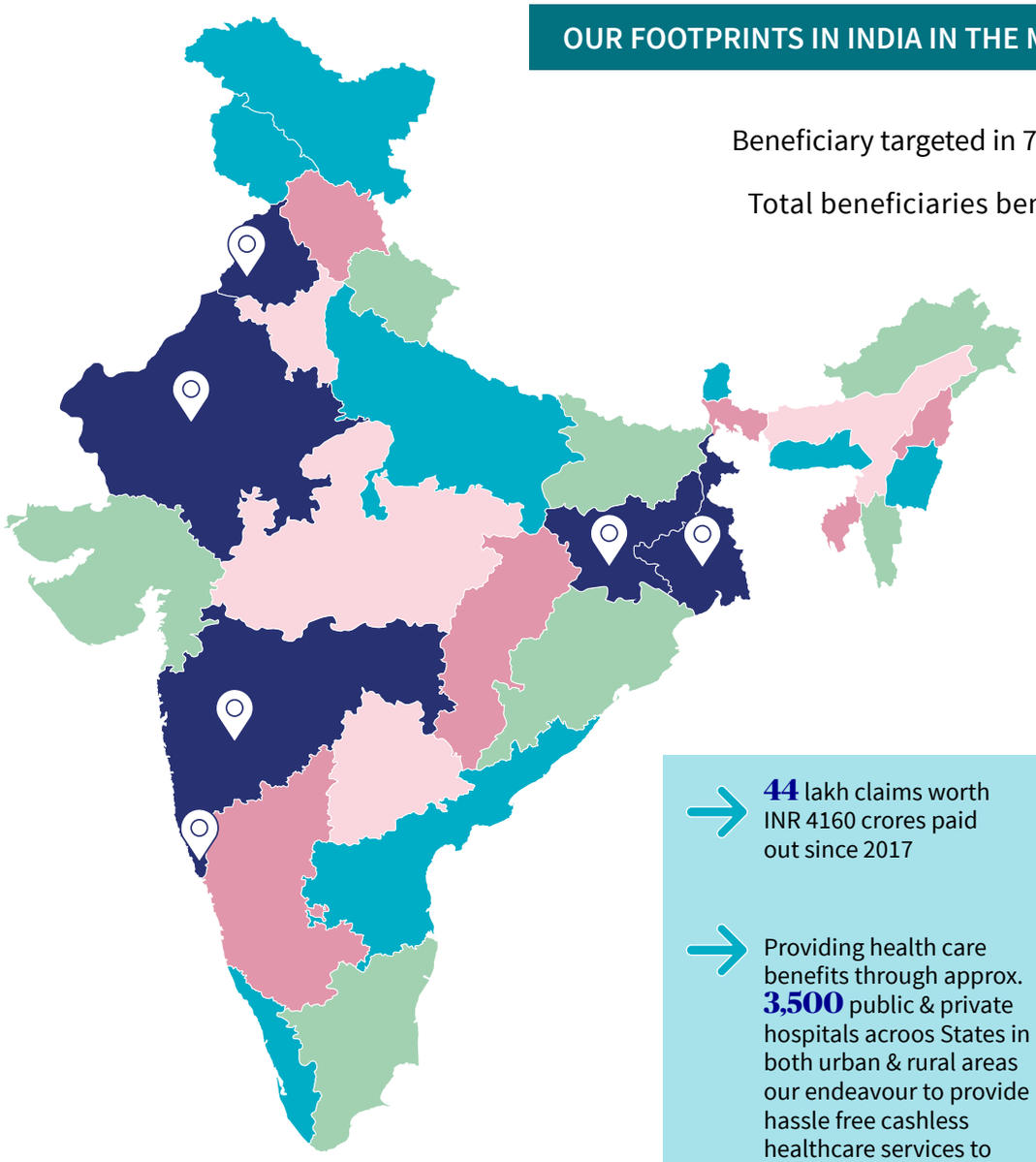
Year-on-year increase in beneficiaries 2017-2020



OUR FOOTPRINTS IN INDIA IN THE MASS HEALTH SCHEMES

Beneficiary targeted in 7 states: **48,370,033**

Total beneficiaries benefitted: **45,918,422**



- **44** lakh claims worth INR 4160 crores paid out since 2017
- Claims worth more than INR **7** crores have been paid out each day
- Providing health care benefits through approx. **3,500** public & private hospitals acroos States in both urban & rural areas our endeavour to provide hassle free cashless healthcare services to beneficiaries
- Our **robust** and transparent IT systems help us catch frauds

Jharkhand - A case study on the disadvantaged citizens of the state

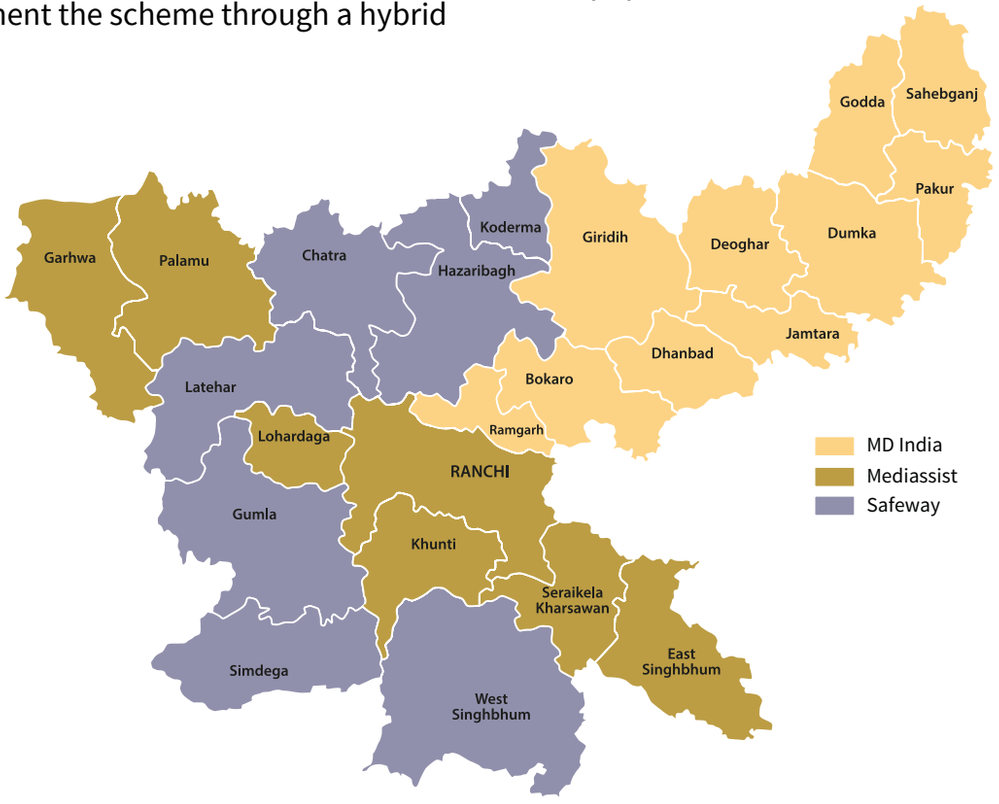
Jharkhand, a state in the eastern part of the country is the fiftieth largest state in India and ranks 14 on basis of population. As per the census of 2011, 3.2 billion people are residing in the states with an equivalent distribution of both genders. Approximately, 2.5 billion people reside in the rural areas of Jharkhand, and only 7.9 million stay in urban areas. Jharkhand is known to have high mineral resources (around 41% of India's total mineral resources). Despite this natural source of wealth, 39.1% of the population lives below the poverty line making Jharkhand India's second poorest state by poverty rat [9].

The government understands the presence of the resource curse in this land, hence the state became the first to get **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana- Mukhyamantri Swasthya Bima Yojana** scheme implemented on 23rd September 2019.

This scheme is a centrally sponsored cashless health scheme covering 24 districts. The state decided to implement the scheme through a hybrid model, which means INR 0.1 million on insurance mode and INR 0.4 million on Trust Mode held by the SHA (State Health Agency) per family per year to 5.72 million (PM-JAY eligible families 2.80 million and State Scheme eligible families 2.90 million approximately) for secondary and tertiary illness. The scheme delivers 1409 health benefits packages under 24 specialties with myriad packages are reserved to get treatment under 21 government hospitals

The benefits are for all beneficiary family members on a cashless basis through about 55 government hospitals, 220 public along with approximately 492 private empanelled hospitals across the State.

The State is actively working for its effective implementation and distributing maximum benefits to the people by opting for zero tolerance against corrupt practices.



Major health challenges seen in Jharkhand and health scheme impacts

In 2016, a study conducted enlightens us regarding the age group-wise health conditions leading to mortality, specifically seen in Jharkhand. These are:

- Diarrhoea, Respiratory infections, Malaria, Neonatal disorders, and other infections are the major cause of deaths in the 0-14 years age group.
- Tuberculosis, Diarrhoea, CVD, Malaria, Chronic respiratory diseases, and other infections are the major cause of deaths in the 15-39 years age group.
- CVD, Cancer, Diarrhoea, LRI, COPD, Diabetes, and other infections are the major cause of deaths in the 40-69 years age group.
- Diarrhoea, COPD, CVD, Neurologic disorder, and other infections are the major cause of deaths in 70years and above age group.
- Tuberculosis, Diarrhoea, CVD, Malaria, Chronic respiratory diseases, and other infections are the major cause of deaths in 15-39 years age group.
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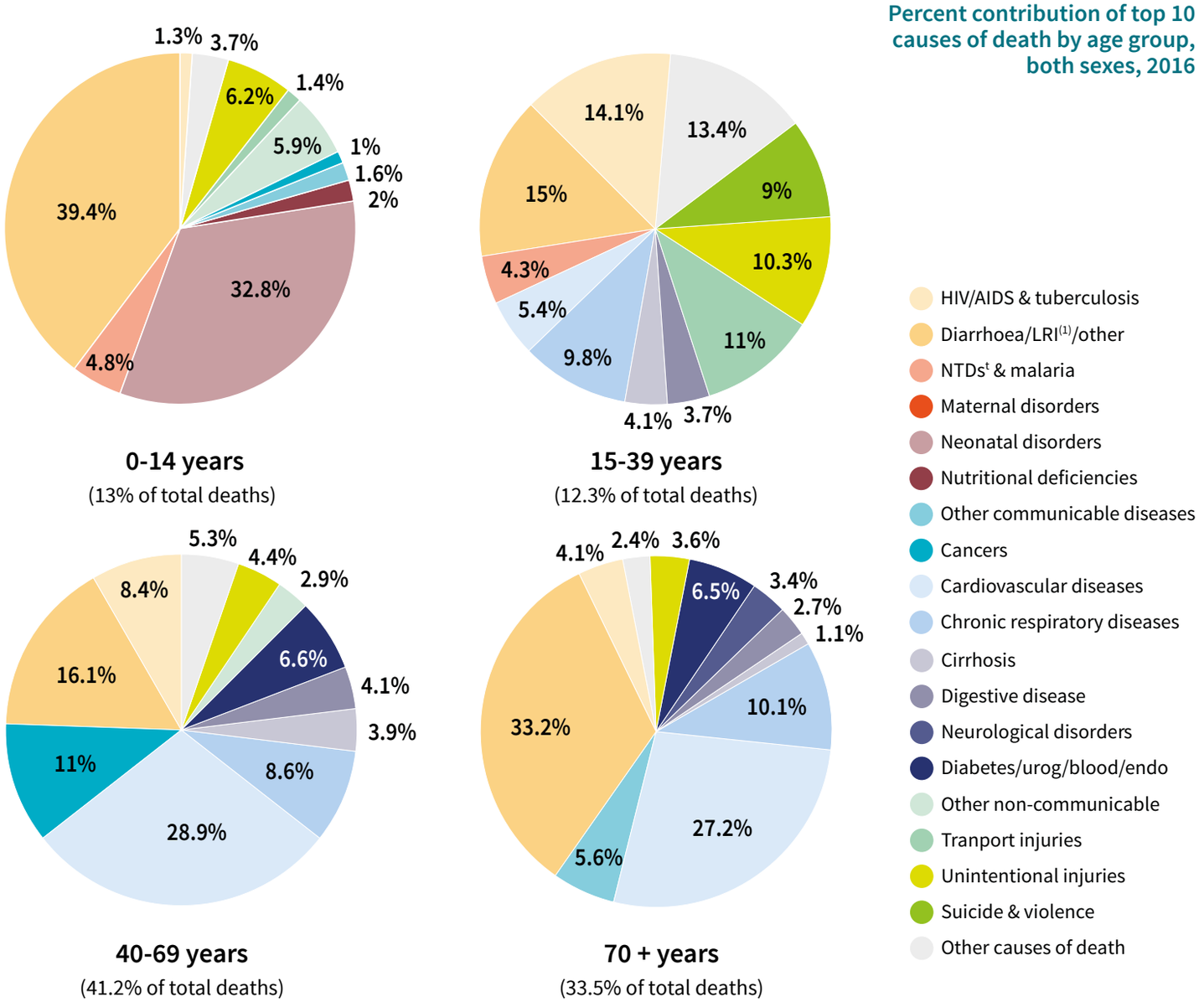
- Diarrhoea, COPD, CVD, Neurologic disorder, and other infections are the major cause of deaths in 70 years and above age group.

WHAT CAUSED THE MOST DEATHS IN DIFFERENT AGE GROUPS IN 2016 ?

Percent contribution of top 10 causes of death by age group, both sexes, 2016



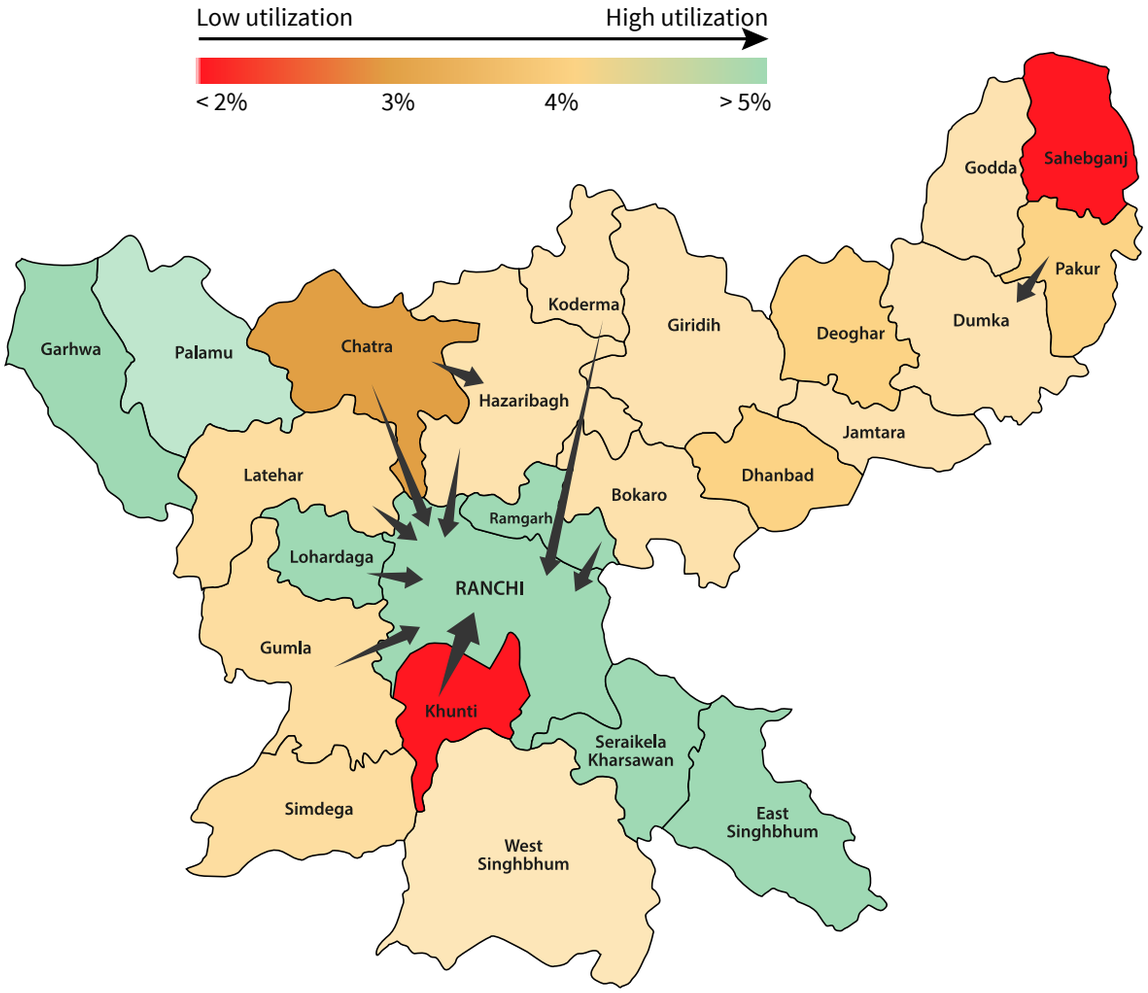
Challenges posed due to agriculture

Over the decades, Jharkhand has grown to provide a major source of agricultural products in the country. Agriculture and allied sector contribute 14% to the GSDP (Green Skill Development Program). At present, more than 50% of the population have agriculture or allied services as their occupation[7],[8]. Working in sunlight for long might cause a reduction in the elasticity of the skin as well as the ciliary muscles.

Sunlight might also cause progressive loss of eye lens transparency accompanied by a precipitous fall in the rate as well as the amplitude of accommodation of eye lens leading to cataract[6]. Apart from this, as discussed above, above the age of 40, citizens have shown a high prevalence of diabetes which can also cause cataracts. More than 0.1 million individuals were treated with foldable or non-foldable cataract surgery worth 0.5 billion before the SAR-COV2 virus breakout. Excessive exposure to ultraviolet radiation also develops Pterygium in individuals leading to minor surgery worth more than INR 73 million.

About 45.3% of children below five years of age are stunned; 47.8% are underweight which is due to malnutrition which is commonly seen in children of Jharkhand families. This leads to deficiency of fluids, deficiency of electrolytes in their kidney, thus hampering the proper mechanism of kidneys. Treating kidney disorders, due to malnutrition, diabetes, or caused by any other health condition, made the government improve on the Haemodialysis facilities in government and private facilities. More than 1.3 million haemodialysis were performed from September 2018 till September 2020 worth INR 157.8 billion service was provided free of cost to the beneficiaries[11].

Ranchi, the capital city of Jharkhand has the most inhabitants and better health infrastructure, resources than other districts of the state, thus attracts families for better tertiary treatments. Jharkhand Government has a great vision towards achieving success and the state is working hard to accomplish all milestones. The government is also building more hospitals to reduce the effort required to reach health services.



Scheme success through the numbers

The government and AXA Reinsurance achieved their shared target of enrolling 5.72 million families by working in synergy. Health benefits worth INR 6.97 billion were provided as of January 2021.

Dated back to March 2019, India's ten states were analysed where Ayushman Bharat was launched to identify how well it was working. From the data we were able to identify that Jharkhand was performing as one of the best with high utilization of services. In addition to this, we infer, the target population were able to receive services easily. Jharkhand being a greenfield state has shown growth and reveals top notch performance with respect to the utilization of the services.

S. N°	State	Claim Submitted Count	Claim Submitted Amount	Mode of implementation	Incidence Rate
1	Kerala	2,31,731	1,22,20,59,831	Insurance	12.47%
2	Chhattisgarth	4,56,067	3,36,67,42,880	Hybrid	12.23%
3	Gujarat	3,49,158	5,51,79,92,028	Hybrid	7.78%
4	**Jharkhand**	**1,58,784**	**1,58,99,64,054**	**Hybrid**	**4.18%**
5	Tamil Nadu	1,71,365	3,43,08,24,701	Hybrid	2.21%
6	Haryana	18,197	27,04,97,061	Trust	1.17%
7	Maharashtra	98,875	2,29,77,38,197	Hybrid	1.15%
8	Uttar Pradesh	94,828	1,09,05,40,738	Trust	0.80%
9	Madhya Pradesh	62,656	76,06,76,152	Trust	0.75%
10	Bihar	31,349	31,09,92,694	Trust	0.29%

→ Jharkhand among the top performing states under Ayushman Bharat, with high utilization of services

Key success factors of the Jharkhand scheme

In Jharkhand, several aspects were important in the design, implementation, and buy-in of citizens:

Public Private Partnerships

Government-owned insurers offer the comfort of flexibility, financial capacity as well as deep rural penetration. Furthermore, government insurers are 100 % owned by the government of India and monitored by CVC and CAG, leading to fewer irregularities and timely settlement of genuine claims leaving a lasting impression on beneficiaries.

Profit Refund Clause

The government introduced a profit refund clause in their tender document to make the scheme financially viable. Despite its expansive coverage, this allowed the scheme to be affordable at a relatively low premium quote, saving costs to Government. According to the clause, 90% of the leftover surplus is to be refunded to the government. These funds are kept inside a corpus to compensate for future increases in claims.

Mandatory Awareness Generation

Awareness is one of the most important success factors. Most beneficiaries in certain states are still unaware of the very existence of their entitlements under a mass health insurance scheme. ABPMJ-MSBY adopts a proactive approach to reverse this trend. To fathom the importance of the scheme to the consumers, the scheme dedicates a mandatory budget of 2% of the total premium towards awareness campaigns across all districts of Jharkhand.

Robust Grievance redressal

ABPMJ-MSBY has an inbuilt beneficiary-centric grievance re-dresseal mechanism. A 24×7 multilingual and multipurpose call center to ensure that the beneficiary yields the highest level of importance in the hierarchy of grievance redressal.

Satisfied beneficiaries: real success for those we serve

In our case study, we also conducted a small survey with a sample size of 500 through the convenience sampling technique. The information was collected from beneficiaries residing in one of the five districts of Jharkhand which were either residing in Ranchi or were close by the capital. These districts were - Ranchi, Ramgarh, Lohardaga, Kunti and Bokaro. Our main objective of this study was to identify the awareness and satisfaction level towards the working of Ayushman Bharat scheme-MSBY.

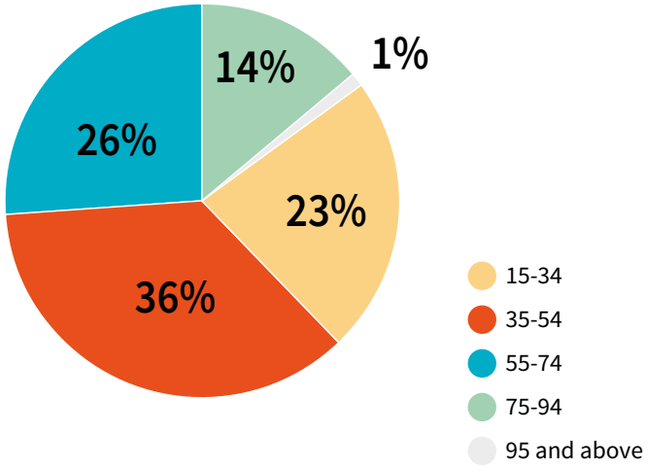
The bilingual questionnaire was delivered in English and Hindi. Those who had difficulty understanding Hindi were helped by our field volunteers.

The sample was divided into five age categories- 15 to 34 years; 35 to 54 years; 55 to 74 years; 75 to 94 years and above 95 and above category. Out of the whole sample, 267 were male, rest 233 were females.

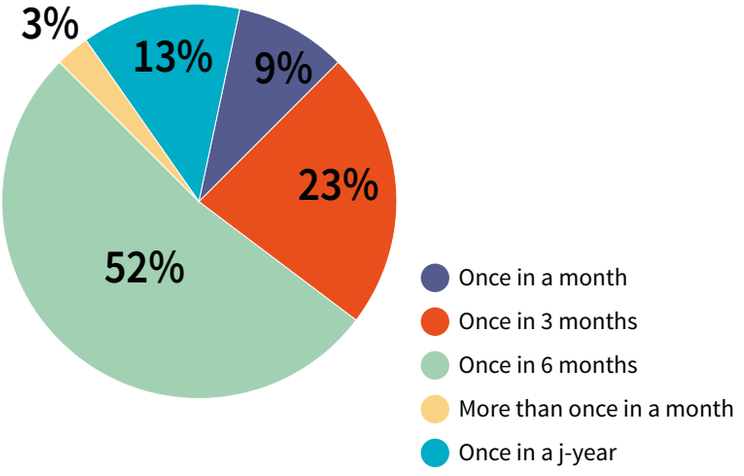
When the consumers of the scheme were asked if they were aware of the scheme, 97.8% of them were aware of the scheme. Only 2.2 were not sure what the scheme was, and they were mainly above the age of 55 years.

Satisfaction with treatment received is a key factor in the success of the scheme. A high level of satisfaction relative to disatisfaction indicates the scheme is a real success in th eyes of beneficiaires.

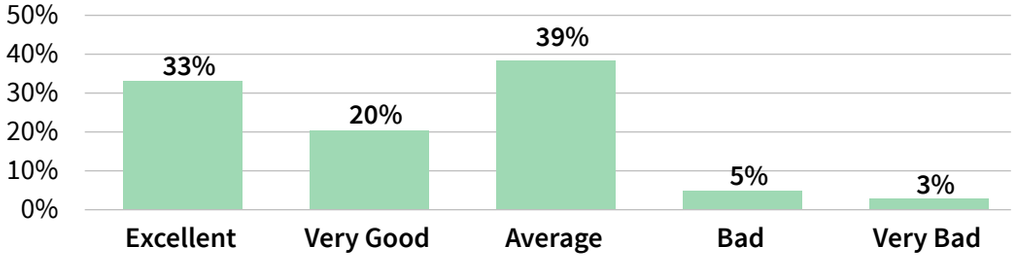
AGE DISTRIBUTION



FREQUENCY OF VISIT TO HEALTH FACILITY



SATISFACTION LEVEL OF TREATMENT AT HEALTHCARE FACILITY



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Mentions légales à venir

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