Title: Assessing Health Equity under Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in India

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Conflicts of Interest: None

Background:
India's Pradhan Mantri Jan Arogya Yojana (PMJAY) is the world's largest publicly funded health insurance (PFHI) scheme with about 500 million beneficiaries corresponding to the bottom 40% of India's socially and economically vulnerable population. PMJAY envisions universal health coverage (UHC) by improving healthcare access through financial risk protection. However, apart from financial barriers, healthcare access in India is intimately related to determinants like gender, age, geographic differences, religion, caste, etc. We systematically assessed the equity of access to health services under PMJAY for these determinants.

Methods:
We adapted the health access equity framework for PHFI schemes proposed by Nandi and colleagues in 2020. We obtained 31 PMJAY policy briefs, working papers, and progress reports that present data from the first 3 years of scheme implementation from the official website. These documents were screened for various framework components. The obtained quantitative and qualitative data to assess equity for the following determinants: gender, age, residence, religion, and caste. Data on incurred out-of-pocket expenditure (OOPE) was also collected to gauge financial protection for availing healthcare at public and private PMJAY-empanelled hospitals.

Findings:
Overall utilization of health benefits measured as the percentage of claim numbers and claim values were higher for males (51.4% and 55.9%) as compared to females (48.5% and 44.2%). A gender gap of 70% was observed in the number of hospitalizations with males being on the higher side. The age group of 19-50 years contributed to almost 51% of all claim numbers. States with high poverty headcount like Bihar, Madhya Pradesh, and Uttar Pradesh had overall lower scheme utilization compared to better-off states like Kerala. In almost all states, districts with low socioeconomic indicators had lower claim numbers and claim values as compared to the better districts. Data regarding religions and castes of beneficiaries was not available. National-level findings on OOPE incurred were unavailable. However, in Chattisgarh, mean OOPE for beneficiaries availing care at private hospitals (26108 rupees) empanelled under PMJAY was nine times that of public hospitals (3101 rupees). Similar findings emerged for other states like Gujarat and Madhya Pradesh.
**Interpretation:**
Inequity in healthcare access pushes vulnerable populations of females, children, elderly, and residents of poor states and districts towards lower PMJAY utilization. Risk for catastrophic health expenditure for care-seekers is higher at private hospitals under PMJAY. Urgently addressing these inequities and imbalances is important to ensure UHC achievement under PMJAY.

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