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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BACKGROUND

India's Pradhan Mantri Jan Arogya Yojana (PM-JAY) 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's aim is to reduce catastrophic health expenditure (CHE) by providing financial protection. 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 PM-JAY for these determinants.

METHODS

Data Sources: We obtained 35 Policy Briefs and Working papers, Annual Reports and Guidelines that represent the data collected in the first 3 years of implementation of PMJAY from its official website

Analysis Framework: We adapted the health access equity framework for PHFI schemes proposed by Nandi and colleagues in 2020.

Data Analysis: These documents were screened for various framework components , and the quantitative and qualitative data to assess equity for the following determinants: gender, age, residence, religion, and caste.

FINDINGS

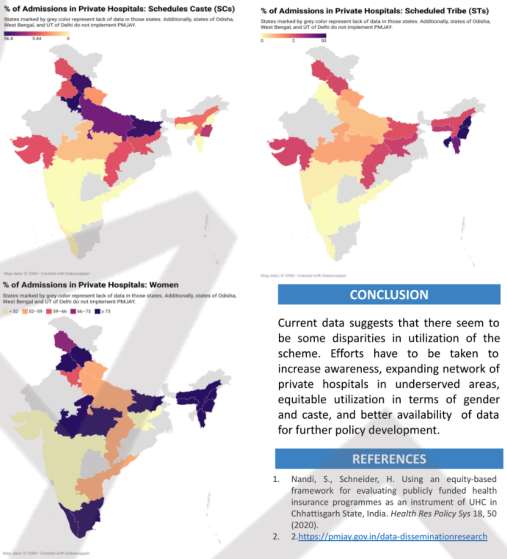
Table 1. Pattern of utilization of PMJAY across various determinants

	Pattern
Gender	Marginally higher number of pre-authorizations (51.5%) claims submitted (51.4%)and claims paid (51.5%) in males
Age	Adults over the age of 50 make up the largest section for high value claims (50%)
Geographic distribution	States with higher poverty headcount have low claim volume and low utilization
Sectoral (Public/Private)	47% hospitals empanelled are private. Least number of private hospitals empanelled in Tripura, Arunachal Pradesh, Sikkim and Manipur. Most number of private hospitals empanelled in Uttar Pradesh, Rajasthan, Tamil Nadu, Gujarat, Maharashtra, Punjab and Karnataka
Caste and Religion	Adequate data is not available to assess equity in terms of religion.

Table 2. Data showing Out-of-pocket Expenditure (OOPE)/ Catastrophic Health Expenditure (CHE)

State	Total Average OOPE/CHE	OOPE/CHE (public)	OOPE (private)
Gujarat	INR 4100	INR 1550	INR 5558
Madhya Pradesh	INR 27648	INR 5123	INR 40996
Chhattisgarh	Mean OOPE: INR 14604, Median OOPE: INR 3976.5	Mean OOPE - INR 3078, Median OOPE-INR 530	Mean OOPE- INR 19,375 Median OOPE - INR 7299

Fig 1. Maps showing % utilization of private hospitals in women, SCs, STs



CONCLUSION

Current data suggests that there seem to be some disparities in utilization of the scheme. Efforts have to be taken to increase awareness, expanding network of private hospitals in underserved areas, equitable utilization in terms of gender and caste, and better availability of data for further policy development.

REFERENCES

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