national health authority

सत्यमेव जयते

Azadi Ka Amrit Mahotsav

Dr. Pankaj Arora
Director –National Health Authority
Govt. of India

Leveraging Insurance and Innovative Financing for Non-Communicable Diseases: The Indian Experience (AB PMJAY)

Global and Regional NCD Burden

- 71% of global deaths due to NCDs (WHO 2018)
- Asia-Pacific: 70% deaths due to NCDs, rising by 2030
- India: 63% deaths due to NCDs
- Economic cost globally: $47 trillion by 2030
- India: $237 billion in 2018 → Double by 2030
- Direct/indirect costs drive catastrophic health spending; High Out of Pocket Expenditure

Burden of NCDs in India

- **Prevalence** (2):
  - **Diabetes**: 101 million people.
  - **Hypertension**: 315 million people.
  - **Generalized Obesity**: 254 million people.
  - **Cancer:** 3.2 million people (5 year)

- **Disability-Adjusted Life Years (DALYs)**:
  - NCDs account for **~58% of total DALYs** in India
- **Premature Mortality**:
  - **23% risk of dying** from NCDs between 30–70 years

- **Economic Impact**:
  - Overall high out-of-pocket (OOP) expenses (39.4% of THE) persist despite health financing reforms

India's Response

1. **National Program for Prevention and Control of Non-Communicable Diseases (NP-NCD)**
   - Early detection, screening, and chronic disease management.

2. **Ayushman Arogya Mandir (AAM)**
   - **150,000+ centers** offering comprehensive primary health care

3. **Pradhan Matri Jan Arogya Yojana (PM-JAY)**

4. **Digital Health Initiatives**:
   - **Ayushman Bharat Digital Mission (ABDM)** building a unified digital health ecosystem
   - **Telemedicine** improving specialist access (e-Sanjeevani)

5. **Multisectoral Action**:
   - Tobacco, alcohol, and unhealthy diet control policies

India's Response - AB PM-JAY

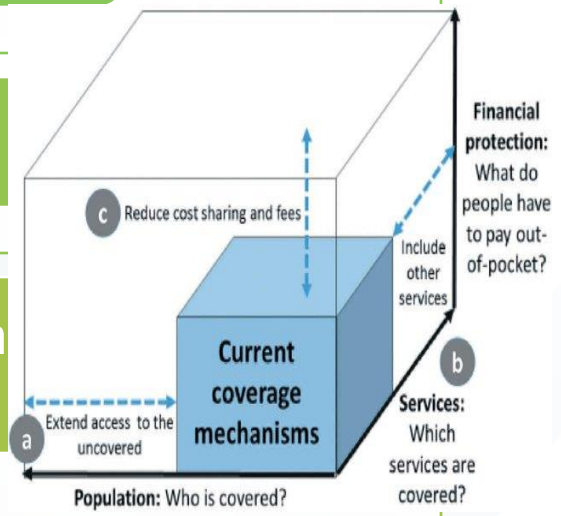
Launched in 2018 for providing financial support against catastrophic healthcare expenditure during episodes of hospital admissions as recommended by the National Health Policy 2017

To meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind" and as a steeping stone towards UHC

To provide for the unmet healthcare needs of the poor and vulnerable population

Started with covering 550 million poor and vulnerable population now expanded to others (including 60 million elderly and others)

- Reducing out-of-pocket expenditure on healthcare services
- Preventing poor and vulnerable from jumping into poverty trap



Ayushman Bharat PM-JAY

- Health cover of Rs.5 Lakh (Rs 0.5 Million) per family per year
- Covers secondary and tertiary healthcare needs
  - NCDs are a major focus area
- Completely paperless and cashless services
- No cap on family size, age or gender
- Pre-existing conditions are covered from day one
- Benefits can be availed at 30,000+ empaneled hospital across India
- Implemented in Trust, Insurance and Mixed mode

AB PM-JAY covers secondary and tertiary care through several packages (1961 plus add on) spread over 27 specialities.

Overview of Health Benefit Packages (HBP 1.0 to HBP 2022)

HBP 1.0
Specialities:25

- General Medicine
- Infectious Diseases (HBP 2.0)
- Paediatric medical management
- Neo-natal
- Medical Oncology
- Radiation Oncology
- Emergency
- Mental Disorders
- **Palliative care (HBP 2022)**

- General Surgery
- ENT
- Ophthalmology
- OBG
- Orthopaedics
- Polytrauma
- Cardiology
- Neuro Surgery

HBP 2022
Specialities:27

- Interventional radiology
- Surgical Oncology
- Organ and tissue transplant (HBP 2.1)
- Plastic & reconstructive surgery
- Oral and Maxillofacial Surgery
- Cardio-thoracic & Vascular surgery
- Burns Management
- Paediatric surgery
- Urology

Unspecified surgical packages with cap amount of upto Rs 1,00,000.

And a separate package for above Rs. 1,00,000 upto Rs. 5,00,000 (HBP 2022)

Specialties & NCD Packages in AB PM-JAY

Covers NCD diagnostics, treatment and surgery through evidence-based Health Benefit Packages

- Cardiology & Cardiothoracic Surgery
- Medical, Radiation and Surgical Oncology
- Nephrology/Urology/Organ transplant (dialysis, transplants)
- General Medicine/Surgery/Ophthalmology (Diabetes complications)
- Paliative care
- Surgical management
- Follow-up packages for CVDs integrated into HBPs

NCD-related claims contribute to a significant share of total claims

Impact

PM-JAY has contributed in –

- Improving health access
- Increased utilization of health care services
- Financial protection
- Reducing inequalities

Articles

Impact of health benefit package policy interventions on service utilisation under government-funded health insurance in Punjab, India: analysis of *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana* (PM-JAY)

Shankar Prinja,[a,*] Jyoti Dixit,[a] Ruby Nimesh,[a] Basant Garg,[b] Rupinder Khurana,[a] Amit Paliwal,[c] and Arun Kumar Aggarwal[a]

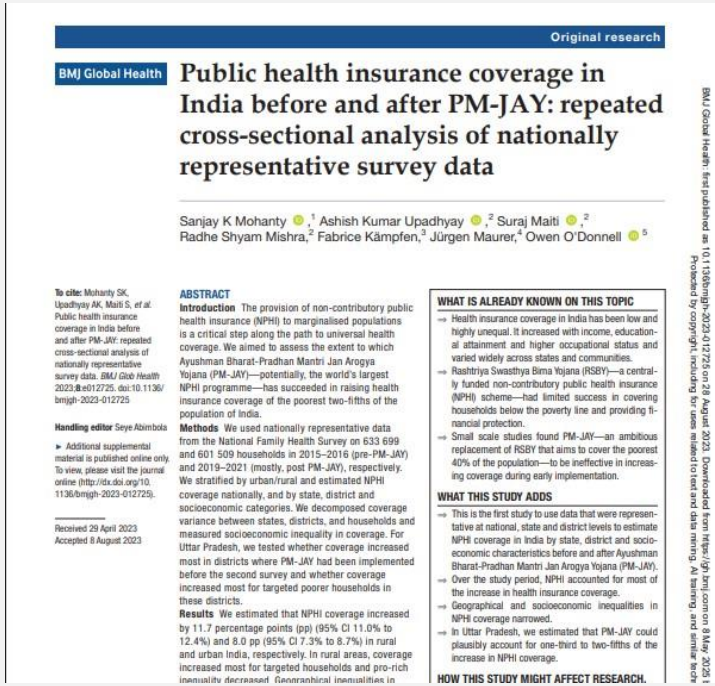
[a]Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India
[b]National Health Authority, Ministry of Health and Family Welfare, Government of India, India
[c]Indo German Programme on Universal Health Coverage (IGUHC), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), India

The Lancet Regional Health - Southeast Asia 2024;28: 100462
Published Online 19 August 2024
https://doi.org/10.1016/j.lansea.2024.100462

Summary

Background The design of health benefits package (HBP), and its associated payment and pricing system, is central to the performance of government-funded health insurance programmes. We evaluated the impact of revision in HBP within India's *Pradhan Mantri Jan Arogya Yojana* (PM-JAY) on provider behaviour, manifesting in terms of utilisation of services.

Methods We analysed the data on 1.35 million hospitalisation claims submitted by all the 886 (222 government and 664 private) empanelled hospitals in state of Punjab, from August 2019 to December 2022, to assess the change in utilisation from HBP 1.0 to HBP 2.0. The packages were stratified based on the nature of revision introduced in HBP 2.0, i.e., change in nomenclature, construct, price, or a combination of these. Data from National Health System Cost Database on cost of each of the packages was used to determine the cost-price differential for each package during HBP 1.0 and 2.0 respectively. A dose–response relationship was also evaluated, based on the multiplicity of revision type undertaken, or based on extent of price correction done. Change in the number of monthly claims, and the number of monthly claims per package was computed for each package category using an appropriate seasonal autoregressive integrated moving average (SARIMA) time series model.



Original research

BMJ Global Health

Public health insurance coverage in India before and after PM-JAY: repeated cross-sectional analysis of nationally representative survey data

Sanjay K Mohanty ,[1] Ashish Kumar Upadhyay ,[2] Suraj Maiti ,[2] Radhe Shyam Mishra,[2] Fabrice Kämpfen,[3] Jürgen Maurer,[4] Owen O'Donnell [5]

To cite: Mohanty SK, Upadhyay AK, Maiti S, *et al*. Public health insurance coverage in India before and after PM-JAY: repeated cross-sectional analysis of nationally representative survey data. *BMJ Glob Health* 2023;**8**:e012725. doi:10.1136/bmjgh-2023-012725

Handling editor Seye Abimbola

► Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/bmjgh-2023-012725).

Received 29 April 2023
Accepted 8 August 2023

ABSTRACT

Introduction The provision of non-contributory public health insurance (NPHI) to marginalised populations is a critical step along the path to universal health coverage. We aimed to assess the extent to which Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY)—potentially, the world's largest NPHI programme—has succeeded in raising health insurance coverage of the poorest two-fifths of the population of India.

Methods We used nationally representative data from the National Family Health Survey on 633 699 and 601 509 households in 2015–2016 (pre-PM-JAY) and 2019–2021 (mostly, post PM-JAY), respectively. We stratified by urban/rural and estimated NPHI coverage nationally, and by state, district and socioeconomic categories. We decomposed coverage variance between states, districts, and households and measured socioeconomic inequality in coverage. For Uttar Pradesh, we tested whether coverage increased most in districts where PM-JAY had been implemented before the second survey and whether coverage increased most for targeted poorer households in these districts.

Results We estimated that NPHI coverage increased by 11.7 percentage points (pp) (95% CI 11.0% to 12.4%) and 8.0 pp (95% CI 7.3% to 8.7%) in rural and urban India, respectively. In rural areas, coverage increased most for targeted households and pro-rich inequality decreased. Geographical inequalities in

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Health insurance coverage in India has been low and highly unequal. It increased with income, educational attainment and higher occupational status and varied widely across states and communities.
⇒ Rashtriya Swasthya Bima Yojana (RSBY)—a centrally funded non-contributory public health insurance (NPHI) scheme—had limited success in covering households below the poverty line and providing financial protection.
⇒ Small scale studies found PM-JAY—an ambitious replacement of RSBY that aims to cover the poorest 40% of the population—to be ineffective in increasing coverage during early implementation.

WHAT THIS STUDY ADDS

⇒ This is the first study to use data that were representative at national, state and district levels to estimate NPHI coverage in India by state, district and socioeconomic characteristics before and after Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY).
⇒ Over the study period, NPHI accounted for most of the increase in health insurance coverage.
⇒ Geographical and socioeconomic inequalities in NPHI coverage narrowed.
⇒ In Uttar Pradesh, we estimated that PM-JAY could plausibly account for one-third to two-fifths of the increase in NPHI coverage.

HOW THIS STUDY MIGHT AFFECT RESEARCH,

Impact

- The introduction of PM-JAY led to a 90% increase in timely initiation of cancer treatment among enrolled patients, demonstrating a significant positive impact on reducing treatment delays.
- Significant reduction in OOPE was seen for cancer care under AB PM-JAY
- Average OOPE for cancer patients significantly reduced by in empanelled hospitals
- Financial protection was particularly improved for the poorest quintiles

Articles

Access to timely cancer treatment initiation in India: extent, determinants and trends

Pritam Halder,[a,j] Jyoti Dixit,[a,j] Nidhi Gupta,[b] Nikita Mehra,[c] Ashish Singh,[d] Pankaj Malhotra,[e] Anisha Mathew,[f] Lalit Kumar,[f,g] Amal Chandra Kataki,[h] Sudeep Gupta,[i] and Shankar Prinja[a,*]

[a]Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India
[b]Department of Radiation Oncology, Government Medical College and Hospital, Chandigarh, India
[c]Department of Medical Oncology, Adyar Cancer Institute, Chennai, Tamil Nadu, India
[d]Department of Medical Oncology, Christian Medical College, Vellore, Tamil Nadu, India
[e]Department of Clinical Haematology and Medical Oncology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India
[f]Department of Medical Oncology, All India Institute of Medical Sciences (AIIMS), New Delhi, India
[g]Department of Medical Oncology, Artemis Hospitals, Gurugram
[h]Department of Gynaecologic Oncology, Dr. B. Booroah Cancer Institute, Guwahati, Assam, India
[i]Department of Medical Oncology, Tata Memorial Centre, Mumbai, Maharashtra, India

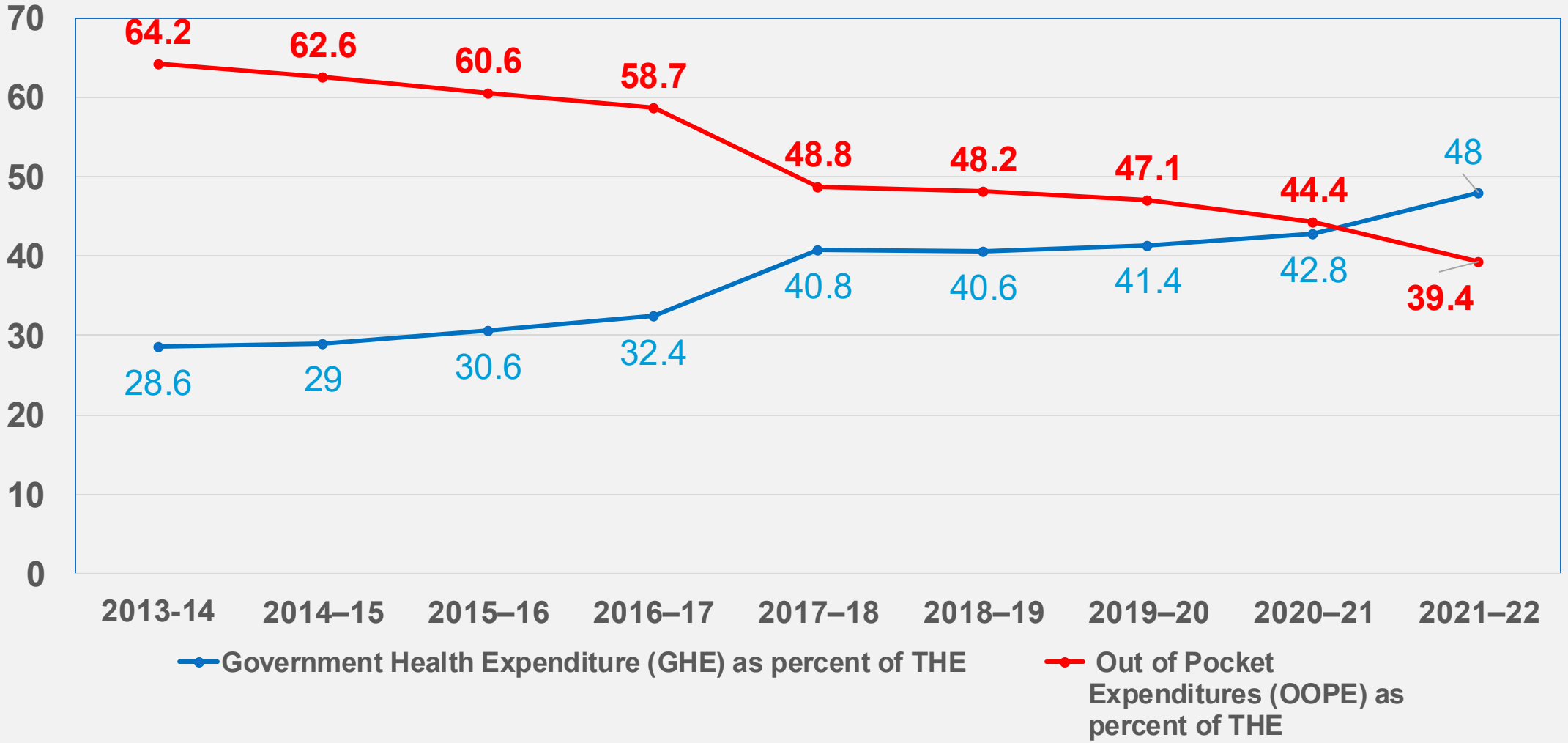
Summary

Background Treatment delays are significantly associated with advanced stage, poor response to treatment, increased mortality risk, poor health outcomes, increased healthcare expenditures among cancer patients. However, factors associated with these delays have not yet been robustly evaluated. In order to bridge this gap, we determined the delayed time to treatment initiation (TTI) among cancer patients in India, ascertained its determinants, and assessed the trends of delayed TTI.

Methods We analysed data collected from 6695 cancer patients seeking outpatient/daycare treatment, recruited at purposively selected seven healthcare facilities across six states of India. Data on socio-demographic and clinical

The Lancet Regional Health - Southeast Asia 2025;32: 100514
Published Online 18 December 2024
https://doi.org/10.1016/j.lansea.2024.100514

Health Expenditure



Source: National Health Accounts 2020-21

Challenges

- AB PM-JAY is inpatient-focused, while NCDs need long-term OPD care too
- Duplication with vertical NCD programs (as operating in silos)
- Lack of Continuum of Care (Disjointed referral system and lack of follow ups)
- Low Screening rates (<1%) for many cancers
- Poor awareness
- Regional disparities and socio-economic barriers
- Poor health-seeking behavior
- Poor adoption of Digital health initiatives (ABDM)

What Works & What Must Change – Integrating Vertical NCD Programs with Financing

What has worked

- Strong political and financial commitment to UHC and NCD agenda.
- PM-JAY platform enables integration of secondary/tertiary NCD care.
- Digital claims and data analytics (via NAFU/SAFU) improve transparency and feedback loops.
- Emerging state-level innovations (e.g., Incentives, bundled payments).
- Convergence of Schemes

What need to be done

- Vertical fragmentation of NP-NCD and PM-JAY limits care continuity and needs to be addressed.
- Awareness about the schemeContinuum of care rather Integrated care (in both directions) - early detection and upward referral and follow ups after treatment
- Extensive capacity building exercise esp. at primary healthcare level
- Expand PM-JAY to include select outpatient services for NCDs
- Increase adoption of ABDM
- Increased private sector engagement
- Financing reforms

Government Vision

Universal Access: Expand coverage and financial protection for NCDs through Ayushman Bharat PM-JAY.

Service Integration: Bridge primary care (NP-NCD Program, Ayushman Arogya Mandir) and secondary/tertiary care (PM-JAY) for full care continuum.

Strategic Purchasing: Use of Health Benefit Packages to prioritize high-burden, cost-effective NCD services. Broaden scope / rationalization of HBPs too based on the experience.

Standardized Protocols: Implement STGs, quality audits, and clinical checklists within PM-JAY to ensure effective NCD care.

Government Vision

Private Sector Role: Engage private providers through empanelment, especially in underserved regions.

Digital and Data Use: Leverage ABDM and AB PM-JAY claims data for real-time monitoring and policy design.

Targeted Outreach: Tailor coverage expansion and IEC to high-risk populations (elderly, low-income, rural, tribal and other marginalized/vulnerable groups).

Global Alignment: Contribute to SDG 3.4 - one-third reduction in premature NCD mortality by 2030.

Summary

- NCDs are a major burden and economic threat for any country
- AB PM-JAY offers a strong platform for inpatient NCD care
- Although challenges remain in integration and continuity of care, it’s a positive move towards a better future and a step towards achieving UHC
- Policy shifts for comprehensive NCD management needs to be there
- Convergence needs to supplement AB PM-JAY for comprehensive response at national level

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Thank You