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Stakeholder Perspectives on Ayushman Bharat-PMJAY: A Comprehensive Literature Review of Universal Health Coverage in India

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Abstract: Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's flagship health insurance program aimed at providing financial protection against catastrophic health expenditures for underserved populations. This literature review examines the perspectives of stakeholders—including policyholders, healthcare providers, and policymakers—on the effectiveness, implementation challenges, and impact of AB-PMJAY in advancing Universal Health Coverage (UHC) in India. Employing a comprehensive review of peer-reviewed studies, government reports, and grey literature, the study synthesizes evidence on access, awareness, quality of care, financial protection, and operational challenges. Findings indicate that while the program has significantly expanded health coverage, challenges remain in awareness, provider participation, claim settlement, and regional disparities. The review underscores the need for robust monitoring, targeted outreach, capacity building, and strategic policy interventions to optimize AB-PMJAY's contribution to UHC in India.

Keywords: *Ayushman Bharat, PMJAY, Health Insurance, Policyholders' Perception, Healthcare Providers' Perception, Financial protection, Universal Health Coverage, Health Policy, Public Health Insurance, Stakeholder Perspectives, Beneficiary Experience.*

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I. INTRODUCTION

Universal Health Coverage (UHC) is a critical objective of health systems globally, ensuring that all individuals have access to quality health services without financial hardship. India, with its large and diverse population, faces substantial challenges in achieving UHC due to disparities in access, affordability, and quality of care. India's journey toward Universal Health Coverage (UHC) has been marked by multiple reforms, culminating in the launch of the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018, the world's largest publicly funded health insurance scheme as a key initiative to address these gaps (Kaushik & Rajasulochana, 2024) AB-PMJAY aims to provide health insurance coverage of up to ₹5 lakh per family per year for secondary and tertiary care hospitalization to economically vulnerable populations. Covering over 500 million individuals, the program targets economically vulnerable populations, providing secondary and tertiary care benefits with an annual cover of ₹5 lakh per family. AB-PMJAY addresses the high out-of-pocket healthcare expenditures that often push households below the poverty line, offering nearly 1,400 treatments through a cashless and paperless system in public and private empaneled hospitals (Thakur, Shannawaz, & Saeed, 2023; Abraham & Ray, 2020).

India's healthcare system is complex, characterized by regional disparities, a dual burden of communicable and non-communicable diseases, and a mix of public and private providers. Urban centers like Noida and Ghaziabad face additional challenges due to rapid population growth, overstretched public facilities, and shortages of trained healthcare professionals. While private hospitals provide advanced care, high costs often limit access for vulnerable populations, underscoring the critical role of health insurance schemes like AB-PMJAY (Bhat, 2005; Kapoor & Husain, 2023).

Despite its transformative potential, AB-PMJAY's implementation is shaped by a complex interplay of operational, systemic, and political factors. Stakeholder perspectives—including beneficiaries, healthcare providers, and policymakers—highlight issues such as delayed reimbursements, administrative burdens, lack of awareness, and variability in care quality (Hooda, 2020). These

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challenges, if unaddressed, may hinder the scheme's ability to achieve equitable and sustainable UHC in India.

In this context, examining the experiences of both providers and policyholders, particularly in urban regions like Noida-Ghaziabad, is crucial. Understanding the operational bottlenecks, awareness gaps, and infrastructural limitations provides the foundation for identifying strategies to enhance AB-PMJAY's effectiveness and ensure that its benefits reach the intended populations. This review synthesizes existing literature on stakeholder perspectives of AB-PMJAY, highlighting successes, challenges, and opportunities in the pursuit of UHC.

II. METHODOLOGY

This literature review adopts a comprehensive approach, examining peer-reviewed articles, government reports, and grey literature published between 2018 and 2024. Databases such as PubMed, Scopus, Web of Science, Google Scholar, and national government portals were searched using keywords including "Ayushman Bharat," "PMJAY," "Universal Health Coverage," "stakeholder perception," "financial protection," and "India." Figure 1 shows the PRISMA diagram of the same. Inclusion criteria were studies addressing:

- Stakeholder perspectives on AB-PMJAY implementation.
- Financial protection and access to healthcare under AB-PMJAY.
- Quality of care and patient satisfaction.
- Operational challenges and policy implications.

Exclusion criteria included studies unrelated to AB-PMJAY, PRcommentaries without empirical evidence, and non- English publications. Data were extracted, synthesized thematically, and presented under major stakeholder categories: policyholders, healthcare providers, and policymakers/administrators.

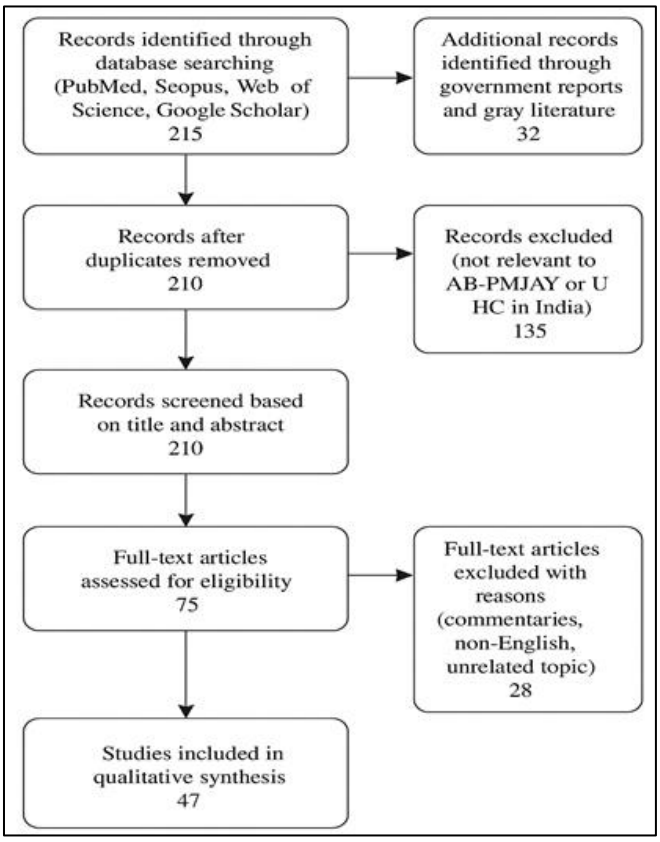

Fig 1: PRISMA Diagram

III. FINDINGS

A. *Stakeholder Perspectives*

➢ *Policyholder Perspectives*

Policyholders represent the primary beneficiaries of AB-PMJAY. Studies consistently highlight improvements in financial protection, with reduced out-of-pocket expenditure and improved access to tertiary care services (Ghosh et al., 2020; Prinja et al., 2021). Beneficiaries perceive PMJAY as a critical safety net for catastrophic health expenditures, yet issues of awareness, accessibility in rural areas, and unequal distribution of empaneled hospitals persist (Verma et al., 2022; Kumar & Shobana, 2024). Studies in Gujarat highlight improved well-being and care-seeking behavior where PMJAY is well implemented (Goswami & Bagdi, 2024).

However, several barriers persist:

- Awareness and Enrollment: Low awareness among eligible populations remains a significant challenge. Surveys indicate that many beneficiaries are unaware of

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the scheme's benefits or the enrollment process (Selvaraj et al., 2019).
- Utilization Challenges: Even among enrolled beneficiaries, utilization is limited by factors such as lack of transport, administrative hurdles, and complex documentation requirements (Rao et al., 2020).
- Perceived Quality of Care: Beneficiaries often report dissatisfaction with hospital services, citing issues such as long waiting times, inadequate infrastructure, and limited provider responsiveness (Kumar et al., 2021).

Despite these challenges, AB-PMJAY has improved access to previously unaffordable services for vulnerable populations, demonstrating its potential to advance UHC objectives in India.

➢ *Healthcare Provider Perspectives*

Healthcare providers, including public and private hospitals, are critical to AB-PMJAY's success but report delays in reimbursement, administrative bottlenecks, and inadequate package rates as major challenges (Saxena et al., 2022). Some providers remain reluctant to enroll due to financial viability concerns.

Their perspectives reveal operational challenges and opportunities for program improvement:
- Administrative Burden: Providers frequently report excessive paperwork, delays in claim reimbursements, and difficulties in adhering to scheme protocols (Aggarwal et al., 2019).
- Provider Participation: Some private hospitals are reluctant to participate due to perceived low reimbursement rates and high administrative overhead (Sundararaman et al., 2020).
- Clinical Decision-Making: Concerns exist about incentivization for unnecessary procedures or "gaming" claims, potentially affecting quality of care (Gupta et al., 2021).

Nevertheless, providers recognize the scheme's role in increasing patient volumes and improving health access. Strengthening provider training, streamlining claims processes, and fair reimbursement can enhance engagement and program effectiveness.

➢ *Policymaker and Administrative Perspectives*

Policy and administrative stakeholders play a key role in scheme governance, monitoring, and evaluation. Policymakers view PMJAY as a strategic instrument to achieve UHC, yet concerns remain regarding financing, sustainability, and equitable distribution of benefits (Chauhan et al., 2022). The integration of health technology assessments has been highlighted as essential to strengthen cost-effectiveness and transparency in decision-making (Lahariya et al., 2023).
- Implementation Challenges: Policymakers cite regional disparities, limited digital infrastructure, and inadequate monitoring systems as constraints (MoHFW Report, 2022).
- Policy Adjustments: Continuous policy modifications, such as expansion of empanelled hospitals and inclusion of new treatment packages, aim to improve access and equity (Prinja et al., 2021).
- Intersectoral Coordination: Effective UHC implementation requires coordination between state governments, central agencies, and private providers, which is often challenging due to differing priorities and capacities.

Policy-level interventions such as targeted awareness campaigns, strengthened IT systems, and performance-based incentives are crucial for enhancing the program's impact.

➢ *Research and Civil Society Perspectives*

Scholars emphasize equity, access, and sustainability, noting persistent gaps in reaching marginalized groups (Ghia & Rambhad, 2023). Civil society stakeholders call for stronger accountability and community engagement to make PMJAY more responsive.

B. Impact On Universal Health Coverage

AB-PMJAY contributes to UHC in multiple ways:
- Financial Protection: Reduces catastrophic health expenditure, particularly for low-income households (Karan et al., 2019).
- Increased Access: Expands access to secondary and tertiary care services for previously underserved populations (Ghosh et al., 2020).
- Health Equity: Aims to reduce inequities in health service utilization across socio-economic and regional lines.

However, gaps remain in achieving full UHC, including awareness deficits, regional disparities, underutilization among marginalized groups, and variable service quality.

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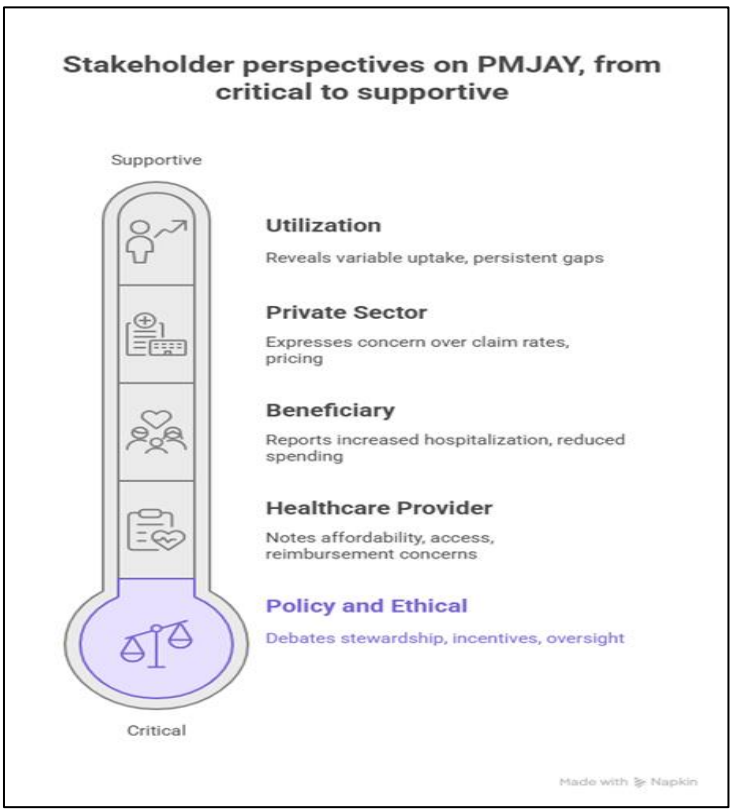

Fig 2 : Shareholders Perspective on Ayushman-PMJAY

IV. CHALLENGES AND OPPORTUNITIES

➢ *Awareness and Literacy*

Enhancing awareness of AB-PMJAY benefits and enrollment procedures is critical. Strategies include community outreach, mass media campaigns, and leveraging local health workers.

➢ *Provider Engagement*

Reducing administrative burden, ensuring timely reimbursements, and providing technical support can increase provider participation and service quality.

➢ *Technology and Data Management*

Digital solutions for claim processing, beneficiary tracking, and service monitoring are essential to streamline operations and improve transparency.

➢ *Equity and Inclusion*

Targeted interventions for marginalized populations, including women, rural communities, and minority groups, can improve access and utilization.

➢ *Monitoring and Evaluation*

Robust evaluation mechanisms to track program performance, identify bottlenecks, and inform policy adjustments are necessary for sustainable impact.

V. DISCUSSION

The literature demonstrates that AB-PMJAY has significantly advanced India's progress toward UHC by providing financial protection and expanding healthcare access. Stakeholder perspectives highlight successes, such as improved utilization and reduced out-of-pocket expenses, alongside challenges including awareness gaps, administrative complexities, and variable quality of care.

Policyholder perspectives emphasize the importance of patient-centric approaches and streamlined enrollment processes. Provider perspectives underscore the need for operational efficiency, fair compensation, and training to ensure quality care. Administrative stakeholders highlight governance, coordination, and monitoring as crucial for program sustainability.

Comparisons with international experiences suggest that lessons from other countries' UHC programs—such as integrated digital health systems, performance-based incentives, and community engagement—can inform further refinement of AB-PMJAY.

Stakeholder perspectives converge on the recognition that PMJAY is a landmark in India's UHC pathway but implementation challenges threaten its long-term impact. Financial sustainability, capacity building, and better alignment between public and private providers remain critical. Moreover, enhancing community awareness and addressing urban-rural inequities will be pivotal for success. Figure 3 demonstrates the SWOT Analysis of Ayushman Bharat-PMJAY.

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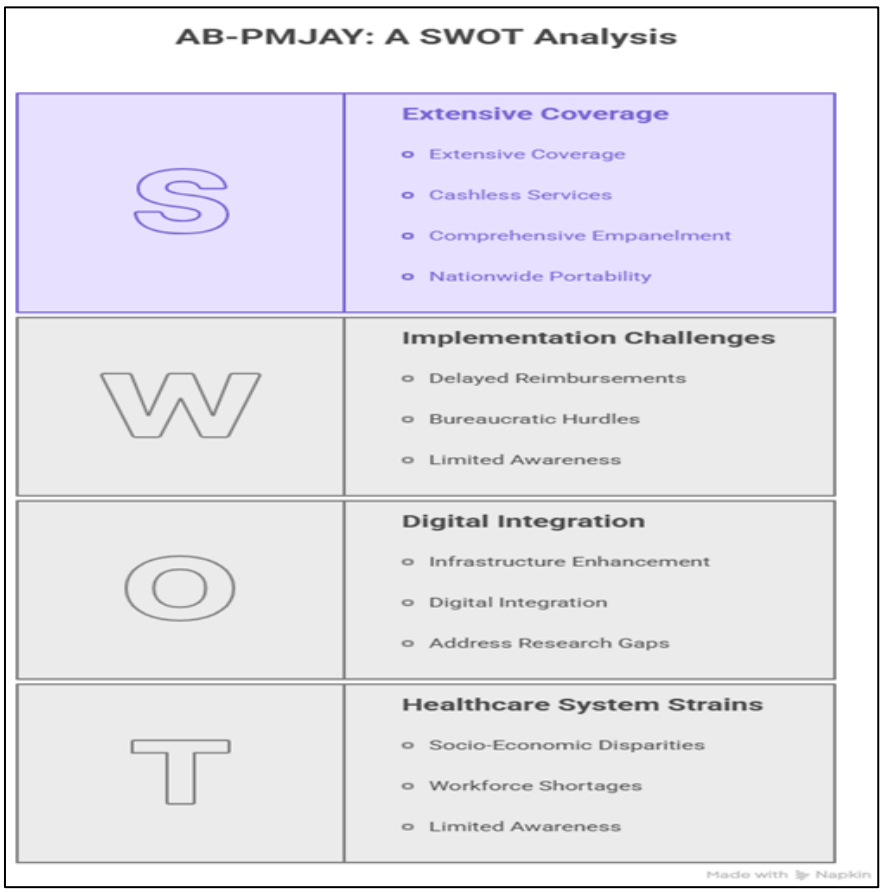

Fig 3: AB-PMJAY -SWOT Analysis

VI. CONCLUSION

AB-PMJAY represents a transformative initiative in India's journey toward UHC, providing critical financial protection and expanding access to secondary and tertiary healthcare services, but its transformative potential depends on inclusive stakeholder engagement, evidence-based policymaking, and strengthening health system governance. Stakeholder perspectives reveal both the program's potential and its operational challenges. Addressing barriers related to awareness, provider participation, infrastructure, and monitoring is essential to optimize the scheme's impact. A balanced approach that integrates provider concerns, beneficiary experiences, and policy frameworks will be key to ensuring universal, equitable, and sustainable healthcare in India.

Future research should focus on longitudinal evaluations, equity assessments, and comparative analyses across states to inform evidence-based policy interventions. Strengthening AB-PMJAY through inclusive, patient-centric, and data-driven approaches will accelerate India's progress toward achieving universal health coverage.

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