

**Research Note  
on**

**Achieving Universal Health Coverage by 2030**

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Lok Sabha Secretariat**

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### At a Glance

- Universal health coverage (UHC) and global health security are fundamental to the achievement of the SDGs. SDG Goal 3 is dedicated to health with a set of 9 broad targets and 4 means of implementation. UHC is the overarching target for all other targets under SDG 3.
- SDG target 3.8 is to “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”
- The National Health Policy 2017 articulates “the attainment of the highest possible level of good health and well-being, ... and universal access to good quality health care services without anyone having to face financial hardship as a consequence” as its Goal. This is totally aligned to SDG 3 and UHC target.
- National Health Mission (NHM) has contributed substantially towards universalization of services for mothers and children and for major communicable diseases.
- Major challenges include epidemiological transition in which non-communicable diseases accounts for nearly 62 percent of deaths among men and 52 percent among women, fragmentation of health care services and high out of pocket expenditure on account of medical and hospitalization expenses driving people to poverty and indebtedness.
- **Ayushman Bharat** is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. It adopts a continuum of care approach, comprising two inter-related components – creation of Health and Wellness Centres (HWCs) and health insurance through the Pradhan Mantri Jan Arogya Yojana (PM- JAY)
- In the first component, the objective is to create 1,50,000 **Health and Wellness Centres (HWCs)** by transforming existing Sub Centres and Primary Health Centres to deliver Comprehensive Primary Health Care bringing healthcare closer to the homes of people, including free essential drugs and diagnostic services.
- The second component is health insurance cover of Rs. 5 lakhs (500,000) per family per year for secondary and tertiary care hospitalization through the **Pradhan Mantri Jan Arogya Yojana (PMJAY)** to protect poor and vulnerable families against financial risk arising out of catastrophic health episodes requiring hospitalisation.
- Parliamentarians have a key role to play in making the SDGs, and UHC in particular, a reality.

## **1. Achieving Universal Health Coverage by 2030**

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. – **World Health Organization (WHO)**.

1.1. The goal of the Universal Health Coverage (UHC) is to ensure that all the people receive the health services they need without financial hardship. UHC can be institutionalized as an approach to assert the mutually reinforcing relationship between the developmental challenges and access to healthcare. This requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers. In addition to economic factors, careful attention needs to be paid to addressing the legislative and implementation gaps that exclude the marginalized and vulnerable groups.

1.2. UHC and global health security are two sides of the same coin since putting strong health systems in place is the best defense against disease outbreaks turning into epidemics subsequently leading to health crises. By ensuring that a country has its core public health capacities in place to prevent, detect and respond to outbreaks and health emergencies, the foundation is set for a resilient health system that can enable the achievement of UHC.

1.3. UHC and global health security are fundamental to the achievement of the SDGs. SDG Goal 3 is dedicated to health, which aims to “ensure healthy lives and promote well-being for all ages”. It is underpinned by a set of 9 broad targets and 4 means of implementation that cover a wide spectrum of health areas. SDG target 3.8 is to “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and

access to safe, effective, quality and affordable essential medicines and vaccines for all.” UHC is the overarching target for all other targets under SDG3.

## **2. National Health Mission in India**

21. The National Health Policy 2017 articulates “the attainment of the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence” as its Goal. This is totally aligned to SDG3 and UHC target.

22. The three dimensions of Universal Health Coverage represented through the Universal Health Care Cube are – population coverage, package of services provided and level of financial protection. The efforts have been to move on all these three dimensions incrementally and achieve Universal Health Coverage.

23. The government has articulated its commitment (National Health Policy 2017) to increase the public share from 1.2 per cent (of GDP) to 2.5 per cent. Further the policy also proposes increasing the institutional capacities for absorbing the increased funding.

24. The 13 broad targets under SDG 3 relate very well to India’s current epidemiological reality. Besides the unfinished MDG (Millennium Development Goal) agenda of reducing maternal and child mortality and tackling the communicable disease, SDG 3 which enumerates the health goal also aims to tackle the epidemic of non-communicable diseases (NCDs), injuries, ill effects of environmental hazards and strengthen health systems for achievement of Universal Health Coverage (UHC).

25. Along with the existing burden of communicable diseases, increase in prevalence of NCDs has resulted in a dual burden of diseases. With the epidemiologic transition, NCDs pose a major threat, with NCDs accounting for

62 percent of all mortality in adult men and 52 per cent among women, a significant part of which is premature.

26. National Health Mission, one of the largest flagship programme has adopted a health systems approach to facilitate States to carry out sector wide health sector reforms and make health systems more efficient and effective. With the launch of the National Urban Health Mission (NUHM), National Rural Health Mission (NRHM has been subsumed under the overarching umbrella of the National Health Mission as a Sub-mission, with NUHM as the other Sub-mission.

27. National Health Mission (NHM) has contributed substantially towards universalization of services for mothers and children and for major communicable diseases.

28. India has achieved significant public health gains and improvements in health care access and quality over the last three decades. At the same time, India's health sector faces immense challenges. It is necessary to improve the quality of health care at our hospitals and other health care institutions.

29. A large number of services are already being provided free of cost and many more are increasingly being added to the basket of free services including for maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/AIDS, vector borne diseases such as Malaria, Dengue and Kala Azar, Leprosy, and Viral Hepatitis etc. Other major initiatives for which states are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal SwasthyaKaryakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKS).

2.10. Before the launch of the Ayushman Bharat, Primary Health Care has focused largely on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) and communicable diseases. This poses a challenge given

the epidemiological transition, where non-communicable diseases accounts for nearly 62 percent of deaths among men and 52 percent among women – most of which are premature in nature.

2.11. The situation is exacerbated by the fact that there is low utilization of public health system, especially at the level of Community Health Centre (except for child birth related services). There is lack of effective gate-keeping and referral, leading to fragmentation of health care services. Families are forced to incur high out of pocket expenditure thereby leading to impoverishment and poverty on account of medical and hospitalization expenses.

2.12. Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. Ayushman Bharat aims to undertake path breaking interventions to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level.

### **3. Ayushman Bharat (Healthy India) and UHC**

3.1. India envisages its path towards Universal health Coverage that is based on assured range of comprehensive primary care which is linked to robust secondary and tertiary care (both in public as well as private) and increased public investments is integral to this approach.

3.2. Ayushman Bharat, a flagship scheme of Government of India was launched in 2018, as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC).

3.3. Ayushman Bharat adopts a continuum of care approach, comprising two inter-related components – the creation of Health and Wellness Centres (HWCs) and health insurance through the Pradhan Mantri Jan Arogya Yojana (PM-JAY)

34. In the first component, the objective is to create 1,50,000 Health and Wellness Centres (HWCs) by transforming existing Sub Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

35. HWCs are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities.

36. The second component is health insurance cover of Rs. 5 lakhs (500,000) per family per year for secondary and tertiary care hospitalization through the **Pradhan Mantri Jan Arogya Yojana (PMJAY)** to protect poor and vulnerable families against financial risk arising out of catastrophic health episodes requiring hospitalisation.

37. PM-JAY has been rolled out for the bottom 40 percent of poor and vulnerable population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. The scheme subsumed then existing Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008. Therefore, the coverage mentioned under PM-JAY also includes families that were covered in RSBY but were not present in the SECC 2011 database. PM-JAY is completely funded by the Government, and cost of implementation is shared between Central and State Governments.

### **Key Features of Pradhan Mantri Jan Arogya Yojana**

- PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government.
- PM-JAY provides cover of Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization across public and private empaneled hospitals in India.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- PM-JAY will help reduce catastrophic expenditure for hospitalizations, which pushes 6 crore people into poverty each year, and will help mitigate the financial risk arising out of catastrophic health episodes.
- No restrictions on family size, age or gender.
- All pre-existing conditions are covered from day one.
- Covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines
- Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital for cashless treatment.
- Services include approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

#### **4. Role of Parliaments and Parliamentarians**

4.1. Parliamentarians would need to take the leadership in building new partnerships and interdisciplinary collaborations at the national and international level, and ensure overall national accountability in the implementation of the 2030 agenda by ensuring adequate funding and resources for health.

4.2. Parliaments can play a proactive role for effective policy formulation and



ensure accountability of the executive to such policies aimed at universal health.

43. Parliamentarians need to usher in enhanced budgetary support and ensure good governance by meaningful dialogue and effective deliberation.

44. Parliamentarians need to reorient national agenda in consonance with broader policy formulation on SDGs.

45. Parliamentarians have a key role to play in attaining the SDGs and UHC in particular. Actively engaging parliamentarians in the global health discourse is critical, given the vital role they play in moving national health agendas forward and in translating scientific evidence into political action. There is a pressing need for ensuring a strong parliamentary action to ensure effective and appropriate legislation, oversight of all levels of government, and budgets to advance health programmes and interventions.

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