EDITORIAL

Ayushman Bharat: The Pradhan Mantri Jan Arogya Yojana (PM-JAY)

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World Health Organization (WHO) lists the qualities of a good healthcare system [1]:

- **Safe and effective:** The care that is delivered takes into account individuals' unique needs, preferences, and values.
- **Timely:** Wait times have been minimized to avoid potentially harmful delays in care.
- **Equitable:** All residents and citizens are able to access the care they need.
- **Integrated:** The full range of healthcare services are available throughout a person's life.
- **Efficient:** Benefits have been maximized and waste has been minimized.

Ayushman Bharat
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Launched on September 23, 2018 Ayushman Bharat, popularly referred to as, MODICARE, is a transformative healthcare initiative launched by the Government of India with the aim to provide universal health coverage (UHC) and meet the targets set by the Sustainable Development Goals (SDGs). It was launched in alignment with the recommendations of the National Health Policy 2017 and focuses on ensuring that no one is left behind when it comes to accessing healthcare services [2].

The scheme marks a shift from a fragmented, sectoral approach to healthcare delivery towards a more comprehensive, need-based system. It aims to address healthcare holistically, covering key aspects like prevention, promotion, and ambulatory care. This comprehensive approach operates at three levels: primary, secondary, and tertiary care. It integrates preventive, promotive, and curative healthcare services through two key components (Figure 1):

Figure 1. WHO – Qualities of a good healthcare system

Health and Wellness Centres (HWCs)

- Announced in February 2018, aiming to transform 1,50,000 Sub Centres and Primary Health Centres into Comprehensive Primary Health Care (CPHC) hubs.
- Focuses on maternal and child health, non-communicable diseases, free essential drugs, and diagnostic services.
- Promotes health awareness and disease prevention at the community level.

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

- Launched on September 23, 2018, in Ranchi, Jharkhand, as the world's largest health assurance scheme.
- Provides ₹5 lakh health coverage per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families (~55 crore beneficiaries).
- Cashless and paperless treatment across public and private empanelled hospitals in India.
- Covers pre-hospitalization (3 days), post-hospitalization (15 days), diagnostics, medicines, surgeries, ICU, and medical implants.
- No family size, age, or gender restrictions; pre-existing conditions covered from day one.
- Replaced the Rashtriya Swasthya Bima Yojana (RSBY) of 2008, ensuring wider and more inclusive coverage.

As of March 30, 2025, Ayushman Bharat continues to bridge healthcare gaps, reducing out-of-pocket medical expenses and enhancing accessibility for India's underserved populations.

Health and Wellness Centres (HWCs)

In February 2018, the Government of India announced the establishment of 1,50,000 HWCs across the country by transforming existing Sub Centres and Primary Health Centres (PHCs). The goal is to provide Comprehensive Primary Health Care (CPHC) and make healthcare more accessible by bringing services closer to the communities. These centres aim to deliver a range of essential services, which include both maternal and child health services and the management of non-communicable diseases (NCDs). Additionally, HWCs offer free essential drugs and diagnostic services to ensure that the communities receive comprehensive care at minimal or no cost.

These centres are designed to serve as hubs for primary healthcare services, focusing not only on treatment but also on prevention and health promotion. The HWCs aim to cater to the primary health needs of the entire population within their respective areas, thereby enhancing access, universality, and equity in healthcare.

The core emphasis of HWCs is on health promotion and prevention, aiming to improve the overall health of individuals by encouraging healthier behaviors and choices. These centres actively engage with and empower communities to make informed decisions that reduce the risks of chronic diseases, such as diabetes, hypertension, and cardiovascular conditions. This initiative is part of the larger effort to reduce morbidity and improve the overall health status of the population. By focusing on prevention and promoting healthy lifestyles, HWCs seek to reduce the burden of chronic diseases and help communities maintain long-term well-being.

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

The PM-JAY, a key component of Ayushman Bharat, was launched by the Hon'ble Prime Minister of India, Shri Narendra Modi, on 23rd September 2018 in Ranchi, Jharkhand. This scheme is designed to provide financial protection against catastrophic health expenses to vulnerable and low-income families in India.

PM-JAY is the world's largest health assurance scheme, targeting over 12 crore poor and vulnerable families, which amounts to approximately 55 crore beneficiaries—about 40% of India's population. The scheme provides a health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization. It specifically targets the economically disadvantaged, and the families covered under PM-JAY are identified based on the deprivation and occupational criteria from the Socio-Economic Caste Census (SECC) 2011. The criteria help determine eligibility for rural and urban households.

Before it was renamed as PM-JAY, this scheme was known as the National Health Protection Scheme (NHPS) and it subsumed the earlier Rashtriya Swasthya Bima Yojana (RSBY) launched in 2008. The scope of PM-JAY also extends to include families that were covered under RSBY but were not present in the SECC 2011 database.

One of the most notable features of PM-JAY is that it is fully funded by the Government of India, with the cost of implementation being shared between the Central and State Governments. This ensures that the financial burden of healthcare is alleviated for the economically weaker sections of society,

enabling them to access high-quality medical treatment for severe illnesses and conditions.

The challenge of caring for a billion
- India is the second most populous country in the world.
- The death rate has declined & birth rates continue to be high in most of the states.
- Health care structure in the country is constantly being upgraded to address the needs of an increasing population.

Burden of Disease in the New Millennium: A Twin Challenge

India faces a dual burden of disease, with continuing and emerging infectious diseases alongside a rising prevalence of chronic degenerative conditions. Addressing infectious diseases demands stronger public health programs, while the growing incidence of non-communicable diseases (NCDs)—driven by increasing life expectancy—necessitates robust healthcare infrastructure. Human development indicators such as longevity, literacy, and GDP per capita play a crucial role in shaping health outcomes, as longer life expectancy is closely linked to income and education levels.

With a rapidly expanding population of 1.4 billion, India's demographic structure presents unique challenges: 25.5% of the population is under 14 years, 34% falls within the 15–35 age group, and the elderly (65+ years) have increased from 3.8% in 1990 to 6.6% in 2021. This demographic transition underscores the urgent need for comprehensive healthcare strategies to manage both communicable and non-communicable diseases while ensuring sustainable human development [3] (Figure 2).
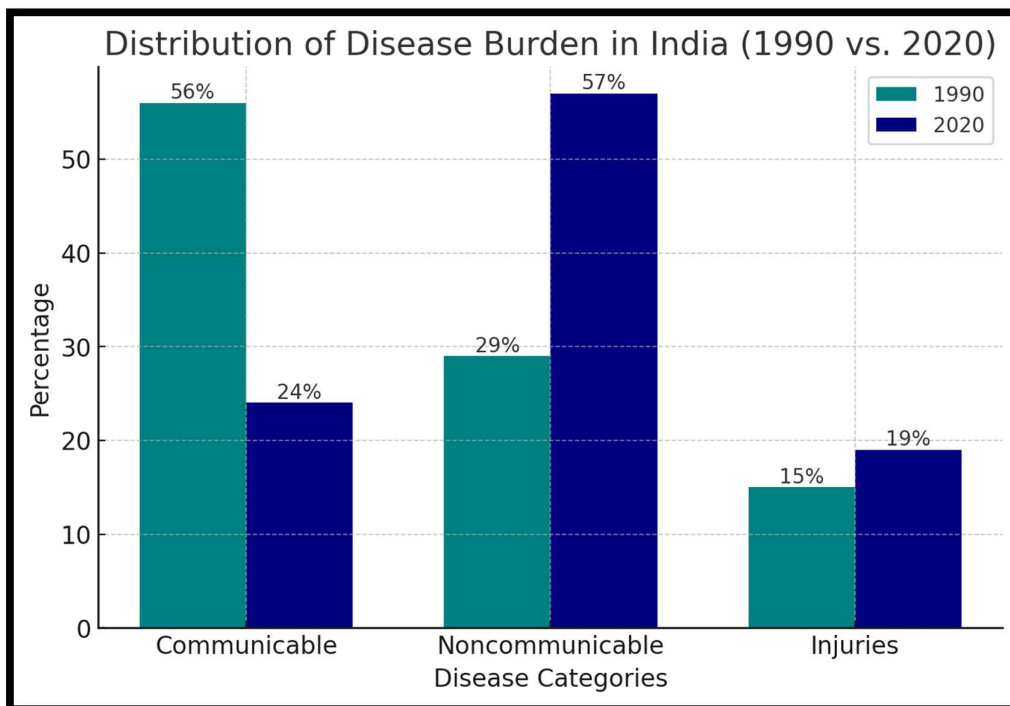

Figure 2. Shift in the disease burden in India between 1990 and 2020, highlighting the increase in noncommunicable diseases (NCDs) and the decline in communicable diseases.

Over 4.5 crore families to be benefitted

The Union Cabinet, chaired by Prime Minister Shri Narendra Modi, has extended health coverage for all senior citizens aged 70 years and above, irrespective of income, under the flagship scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY).

This aims to benefit approximately 4.5 Crore families with six (6) crore senior citizens with 5 Lakh rupees free health insurance cover on a family basis. With this approval, all senior citizens of the age 70 years and above irrespective of their socio-economic status would be eligible to avail the benefits of AB PM-JAY. The eligible senior citizens would be issued a new distinct card under AB PM-JAY [4].

The senior citizens of the age 70 years and above belonging to families already covered under AB PM-JAY will get an additional top-up cover upto ₹5 lakh per year for themselves (which they do not have to share with the other members of the family who are below the age of 70 years). All other senior citizens of the age 70 years and above will get a cover upto ₹5 lakh per year on a family basis. Senior citizens of the age 70 years and above who are already availing benefits of other public health insurance schemes such as Central Government Health Scheme (CGHS), Ex-Servicemen Contributory Health Scheme (ECHS), Ayushman Central Armed Police Force (CAPF) may either choose their existing scheme or opt for AB PMJAY. It has been clarified that senior citizens of 70 years and above who are under private health insurance policies or Employees' State Insurance scheme will be eligible to avail benefits under AB PM-JAY [5] (Figure 3).

Figure 3. Pradhan Mantri Jan Arogya Yojana (Logo)

AB PM-JAY is the world's largest publicly funded health assurance scheme which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 55 crore individuals corresponding to 12.34 crore

families. All members of the eligible families irrespective of age are covered under the scheme. The scheme has covered 7.37 Crore hospital admissions including 49 percent women beneficiaries. The public has benefited to the extent of over Rs. 1 Lakh crore under the scheme.

The expansion of cover to senior citizens of the age of 70 years and above was earlier announced by Hon'ble Prime Minister Shri Narendra Modi in April 2024.

The AB PM-JAY scheme has witnessed continuous expansion of the beneficiary base. Initially, 10.74 crore poor and vulnerable families comprising the bottom 40% of India's population were covered under the scheme. Later, the Government of India, in January 2022 revised the beneficiary base under AB PM-JAY from 10.74 crore to 12 crore families considering India's decadal population growth of 11.7 % over 2011 population. The scheme was further expanded to cover 37 lakh ASHAs/AWWs/AWHs working across the country and their families for free healthcare benefits.

Taking the mission ahead, AB PM-JAY would now provide free healthcare coverage of Rs 5 lakh to all citizens of the age-group of 70 years and above across the country.

Ayushman Bharat – A Flagship Initiative by the Government of India

Ayushman Bharat was launched with the vision of UHC as recommended by the National Health Policy 2017. It aims to address the healthcare needs of the entire population through two key components: HWCs and PM-JAY (Figure 4).

Figure 4. Five-Levels Step Ladder to Achieve Universal Health Coverage

Health and Wellness Centres (HWCs)

Announced in 2018, the initiative aims to transform 1,50,000 Sub Centres and Primary Health Centres into HWCs to provide Comprehensive Primary Health Care (CPHC) closer to people's homes. These centres offer maternal and child health services, non-communicable disease (NCD) management, and free essential drugs and diagnostic services. The focus is

on health promotion and disease prevention, encouraging individuals to adopt healthy behaviors to reduce the risk of chronic illnesses.

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

PM-JAY, the world's largest health assurance scheme, provides ₹5 lakh annual health coverage per family for secondary and tertiary hospitalization to over 12 crore poor and vulnerable families (~55 crore beneficiaries). It aims to reduce the financial burden of catastrophic medical expenses and ensure access to quality healthcare services. Beneficiary households are identified based on deprivation and occupational criteria from the Socio-Economic Caste Census (SECC) 2011 for both rural and urban areas [6,7] (Figure 5).

Figure 5. Key-features of PM-JAY

Ayushman Bharat – The India Context

Ayushman Bharat has been instrumental in expanding health insurance coverage to over 50 crore people, ensuring greater healthcare access for the economically disadvantaged.

PM-JAY: Bridging Healthcare Gaps and Enhancing Well-being

The PM-JAY plays a crucial role in reducing healthcare disparities, improving health outcomes, and enhancing the overall well-being of the population. By providing financial protection against catastrophic health expenses, PM-JAY ensures that economically vulnerable families have access to quality healthcare without facing financial hardship. The scheme has contributed significantly to increasing public health insurance coverage, reducing inequality in healthcare access, and improving early disease detection and treatment.

The Indian Context: Rationale for Ayushman Bharat

India, classified as a Lower Middle-Income Country (LMIC), faces inconsistent socio-economic and health indicators that impact healthcare accessibility. The private sector dominates healthcare services, accounting for nearly 70% of all visits and holding 50% of total hospital beds. This heavy reliance on private healthcare leads to high out-of-pocket (OOP) expenses, pushing many households into financial distress. Addressing these challenges, Ayushman Bharat was introduced to provide comprehensive health coverage and ensure equitable access to medical services for all citizens [6,7].

Foundation and Necessities of Ayushman Bharat

The National Health Policy (NHP) 2017 laid the foundation for Ayushman Bharat, responding to critical healthcare challenges. The initiative aims to tackle changing health priorities, such as the rising burden of non-communicable diseases, and catastrophic health expenditures that push millions into poverty. Additionally, the emergence of a robust healthcare industry and enhanced fiscal capacity have enabled the government to expand healthcare coverage and infrastructure, ensuring quality medical care for all sections of society [8].

Increased Government Expenditure on Healthcare

The Indian government has significantly increased its investment in healthcare, reflecting its commitment to strengthening the public health system. Government healthcare expenditure grew by 137% year-on-year, rising from ₹94,452 crore in 2020-21 to ₹2,23,846 crore in 2021-22. This substantial increase underscores the focus on improving healthcare accessibility, affordability, and infrastructure across the country, aligning with the goals of Ayushman Bharat to provide UHC [9].

PM-JAY: A Standalone Program with Integrated Support

While PM-JAY operates as an independent initiative, it is complemented by various national and state-level healthcare schemes that align with its objectives. These schemes, each with distinct eligibility criteria and objectives, play a crucial role in strengthening healthcare services. Effective coordination and integration of these initiatives ensure seamless healthcare delivery across India. However, their implementation varies across states, allowing flexibility to cater to local healthcare needs [10].

Key Features and Benefits of PM-JAY

PM-JAY provides cashless healthcare services, ensuring beneficiaries receive free medical treatment at empaneled hospitals. The scheme is designed to mitigate catastrophic health expenditures, which push nearly six crore Indians into poverty annually. It covers up to three days of pre-hospitalization and 15 days of post-hospitalization expenses, including diagnostics and medications. With no restrictions on family size, age, or gender, PM-JAY offers comprehensive coverage from day one, ensuring pre-existing conditions are covered.

The scheme is portable across India, enabling beneficiaries to access cashless treatment at empaneled facilities nationwide. It includes 1,393 medical procedures, covering expenses such as

drugs, supplies, diagnostic services, physician fees, room charges, surgery costs, ICU fees, and other hospital services. Additionally, public hospitals receive reimbursements on par with private facilities, strengthening public healthcare infrastructure [9,10].

Scope of Benefits Under PM-JAY

PM-JAY covers a wide range of medical and healthcare services, including medical examinations, treatment, consultations, and hospitalization. It also provides free medicines, medical consumables, non-intensive and intensive care services, diagnostic and laboratory investigations, and medical implantation services where necessary. Beneficiaries receive accommodation benefits, food services, and post-hospitalization follow-up care for up to 15 days, ensuring comprehensive healthcare support [8-11].

PM-JAY Beneficiaries: Rural and Urban Coverage

India's rural population (909.38 million) and urban population (438.18 million) experience varying levels of healthcare access. Rural areas face challenges such as limited access, longer travel times, healthcare disparities, and inadequate preventive care. To address these issues, PM-JAY prioritizes rural beneficiaries based on socio-economic vulnerability, covering:

Rural Beneficiaries-PMJAY- Coverage
- Households with only one room made of kucha materials
- Households with no adult members aged 16 to 59
- Families without an adult male in the 16-59 age group

- Households with disabled members and no able-bodied adult
- SC/ST households
- Landless households reliant on manual labor for income

In urban areas, PM-JAY benefits are extended to workers in the unorganized sector, including:
- Ragpickers, beggars, and domestic workers
- Street vendors, cobblers, hawkers, and other service providers
- Construction workers, plumbers, masons, painters, welders, security guards, and coolies
- Sanitation workers, sweepers, and gardeners
- Handicraft workers, tailors, artisans, and home-based workers
- Drivers, transport workers, rickshaw pullers, and cart pullers
- Shop assistants, waiters, peons, and delivery helpers
- Electricians, mechanics, repair workers, washermen, and watchmen

Standardized Health Assurance and National Portability

PM-JAY ensures a uniform health assurance system and national portability of healthcare services, allowing beneficiaries to access treatment anywhere in the country without financial barriers.

Ayushman Bharat Card (ABC) vs. Ayushman Bharat Health Account (ABHA)

PM-JAY beneficiaries receive an Ayushman Bharat Card (ABC), which grants them access to free healthcare services at empaneled public and private hospitals nationwide. The Government of

India fully subsidizes the scheme, ensuring that eligible families receive cashless treatment.

In contrast, the Ayushman Bharat Health Account (ABHA), introduced under the Ayushman Bharat Digital Mission (ABDM) in September 2021, is available to all citizens, regardless of their income. ABHA assigns a unique 14-digit healthcare identification number, enabling individuals to store and manage medical records, treatment history, diagnostics, and prescriptions digitally on a centralized platform. This seamless digital system enhances healthcare accessibility and efficiency.

PM-JAY Financing and State-Level Flexibility

PM-JAY is fully funded by the government, with costs shared between the Central and State Governments in a 60:40 ratio. States have flexibility in:

- Implementation models
- Utilization of beneficiary data
- Co-branding and expanding coverage
- Increasing benefit amounts and revising treatment packages

- Reserving healthcare packages for public hospitals
- Managing IT systems and hospital reimbursements
- Implementing PM-JAY at the Ground Level

Successful implementation of PM-JAY involves three key components

- **Hospital Empanelment** – Ensuring a wide network of public and private hospitals provide cashless treatment.
- **Patient-Level Processes** – Streamlining beneficiary identification, treatment authorization, and claim settlements.
- **IT-Enabled Back-End Systems** – Digital tools to manage patient records, hospital claims, and real-time tracking of healthcare services.

Integration of digital solutions, strengthening hospital networks, and improving beneficiary identification, PM-JAY continues to enhance healthcare accessibility, affordability, and quality for millions across India (Figures 6 and 7).
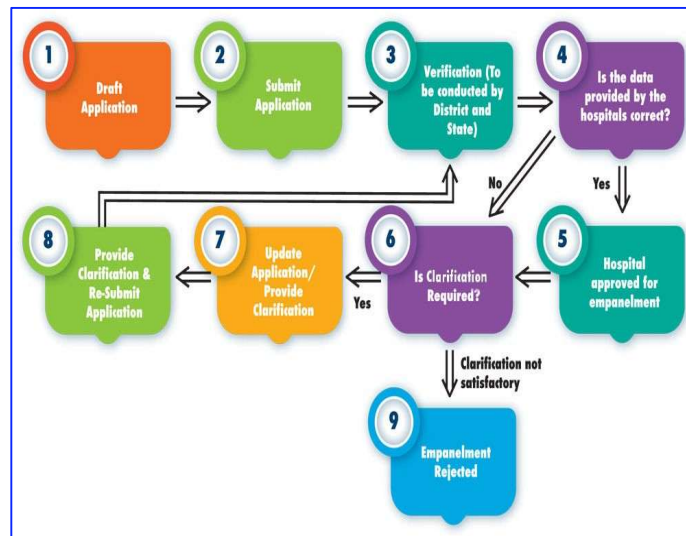

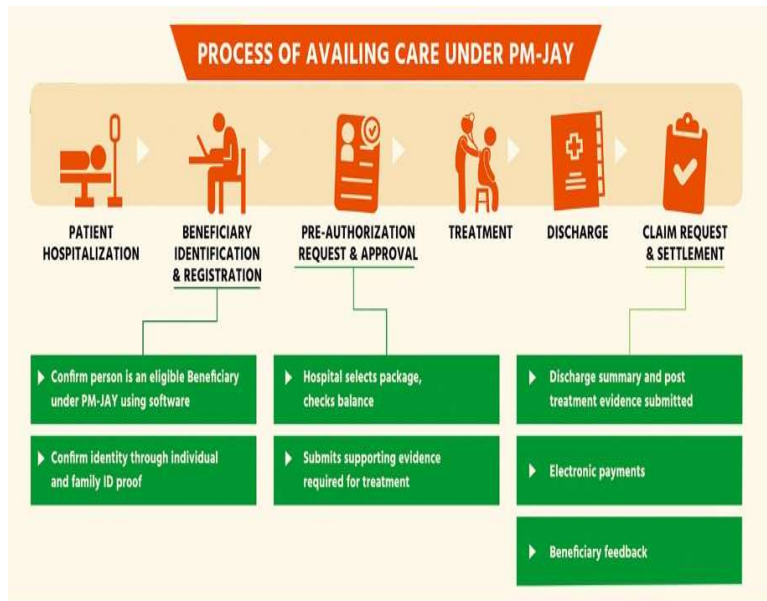Figure 6. Hospital Empanelment - well-structured process

Figure 7. Patient Level Process of availing care – well-structured process

PM-JAY Awareness and Outreach

PM-JAY is an entitlement-based healthcare scheme, meaning beneficiaries do not need to undergo an advance enrolment process to access its benefits. To promote awareness, **"Ayushman Bharat Diwas"** is observed, reinforcing the initiative's impact and reach. To ensure eligible families are well-informed, ASHA workers, ANMs, and Gram Sevaks conduct entitlement checks in approximately three lakh villages across India. Awareness is further enhanced through official communication methods, including PM letters, family cards, and unique family IDs. Additionally, the government provides a dedicated online portal (www.pmjay.gov.in) to facilitate easy access to scheme-related information and services (Figures 8 and 9).
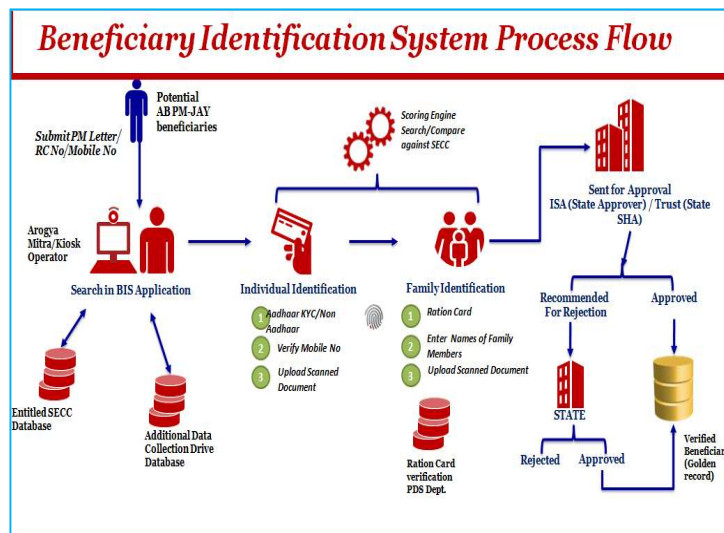
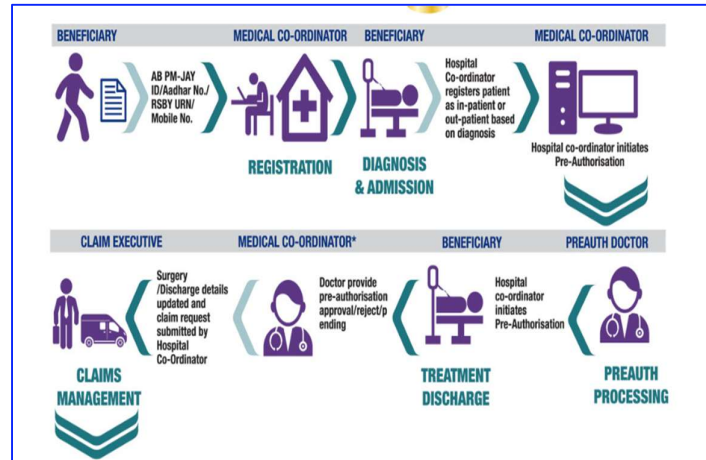

Figure 8. Beneficiary identification system: process flow

Figure 9. PMJAY- IT System - well-structured process

PM-JAY Support Systems

To sustain and strengthen PM-JAY, a robust support system has been established, focusing on capacity development, monitoring and evaluation, fraud prevention, and grievance redressal.

Capacity Development

PM-JAY emphasizes institutional capacity building, ensuring that healthcare providers and administrative systems are well-equipped to manage the program effectively. This involves:

- Establishing sustainable institutional structures for long-term impact.
- Enhancing human resource capabilities through training and skill development.
- Implementing knowledge management strategies and using appropriate tools to sustain expertise and efficiency.

Monitoring and Evaluation

A strong monitoring and evaluation framework ensures transparency and efficiency in PM-JAY operations. Important components include:

- Transaction management for smooth claims processing.

- Provider management to oversee empaneled hospitals.
- Support function management, covering capacity development, grievance redressal, fraud prevention, and call center operations.
- Fraud Prevention and Control

To maintain the integrity of PM-JAY, fraud detection and prevention mechanisms operate at both policy and operational levels. A National Anti-Fraud Unit oversees:

- Fraud detection, control, and policy implementation at a systemic level.
- Operational fraud prevention through IT-based monitoring and audits.
- A grievance redressal system that provides a structured approach for beneficiaries to report issues.
- A dedicated call center, offering assistance for queries, complaints, and support services.

India's SaaS Market Growth

India's Software-as-a-Service (SaaS) market is experiencing rapid growth, solidifying its position as a global leader in cloud-based solutions. By 2030,

the SaaS market in India is projected to reach $50 billion in annual recurring revenue (ARR), nearly quadrupling its current size. This exponential growth is driven by rising digital adoption, increased cloud computing investments, and the global shift toward subscription-based software solutions.

Ongoing Developments in Healthcare
Primordial and Primary Prevention

Primordial and primary prevention are essential strategies for promoting health, but they function at different levels. Primordial prevention focuses on addressing the root causes of health problems by improving social, economic, and environmental determinants. It aims to prevent the emergence of risk factors by fostering healthy behaviors early in life and creating supportive environments. This proactive approach not only reduces the burden on healthcare systems but also enhances the overall well-being of individuals and communities [12-14].

On the other hand, primary prevention targets individuals already exposed to risk factors and seeks to prevent the onset of diseases by managing those risks. Important interventions include:

- Vaccination programs to prevent infectious diseases.
- Preventive measures for long-term conditions, such as the use of statins to lower heart disease risk.
- Lifestyle modifications, including promoting healthy diets and physical activity.
- Health education to empower individuals to make informed choices.

While primordial prevention works at the upstream level, reducing the likelihood of risk factors developing, primary prevention operates downstream, managing existing risks before they lead to disease.

The Growing Burden of Noncommunicable Diseases (NCDs) and Mental Health

Noncommunicable diseases (NCDs), including cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, are the leading cause of death globally, accounting for 74% of all deaths. Each year, over 15 million people die prematurely due to NCDs, with 85% of these deaths occurring in low- and middle-income countries. Despite global efforts, only 6% of countries are currently on track to meet Sustainable Development Goal (SDG) target 3.4, which aims to reduce NCD-related mortality.

Mental health conditions are increasingly recognized as a crucial component of NCD prevention and control. Mental disorders such as anxiety, depression, and psychosis are linked to other major NCDs, including cancer, diabetes, cardiovascular, and respiratory diseases. The impact of mental health on physical health is significant, affecting treatment adherence, disease progression, and overall health outcomes.

The Impact of Communicable Diseases

Communicable diseases remain a major public health challenge, particularly in low-income countries and marginalized populations. Diseases such as HIV/AIDS, tuberculosis (TB), malaria, viral hepatitis, and neglected tropical diseases (NTDs)

continue to cause high mortality and morbidity:

- HIV/AIDS has claimed 36.3 million lives globally.
- Tuberculosis remains the second deadliest infectious disease, causing 1.5 million deaths annually.
- Malaria disproportionately affects children under five, accounting for 77% of malaria-related deaths in 2020.
- More than 1 billion people received treatment for at least one NTD in 2020.

The **COVID-19** pandemic has further reversed progress in the fight against communicable diseases, disrupting healthcare services and increasing mortality rates. Recognizing the burden of these diseases, the SDGs include specific targets to end epidemics of AIDS, TB, malaria, and NTDs, while also addressing hepatitis and other infectious diseases [12].

The Connection Between NCDs and Mental Health

Both NCDs and mental health disorders contribute significantly to the global healthcare burden and often occur together [13-20]. Research highlights strong bidirectional links between mental illness and NCDs:

- Poor mental health exacerbates modifiable risk factors for NCDs, such as unhealthy diets, physical inactivity, tobacco use, and alcohol consumption.
- Mental illness increases the risk of developing NCDs, while NCDs can worsen mental health conditions.
- Depression and alcohol use disorders influence the onset, management, and progression of chronic diseases.

- Patients with major physical illnesses, such as hypertension (29%), myocardial infarction (22%), diabetes (27%), and cancer (33%), have a higher prevalence of major depression.
- Patients with psychotic disorders have a life expectancy two decades shorter than the general population due to coexisting cardiovascular diseases, diabetes, and metabolic complications caused by antipsychotic medications.

Integrating Mental Health into the NCD Care Agenda

Despite growing evidence linking mental health and NCDs, mental health care is often excluded from NCD management strategies. This lack of integration leads to higher healthcare costs and poorer health outcomes. In the U.S., conditions such as heart disease, trauma-related disorders, cancer, asthma, and mental disorders were among the costliest healthcare expenses between 1996 and 2006, with mental health expenditures seeing the highest increase.

If mental health care is not systematically included in NCD prevention and treatment programs, existing NCD initiatives will be less effective and more expensive. The World Economic Forum estimates that NCDs, including mental disorders, will cause a global economic loss of $47 trillion over the next two decades. While high-income countries currently bear most of the economic burden, low- and middle-income countries will face increasing costs as their populations grow [16].

The Collaborative Care Model: An Integrated Approach

To address the growing burden of NCDs and mental health disorders,

healthcare systems must adopt new organizational and clinical approaches [17]. The Collaborative Care Model is emerging as a promising solution that integrates mental health services into primary healthcare.

Important aspects of this model include:

- Task-sharing among healthcare providers, with specialists supporting primary care physicians and community health workers.

- Routine screening for mental health conditions in NCD patients.

- Education and self-management programs to empower patients.

- Evidence-based pharmacological and psychosocial treatments tailored to individual needs.

- Long-term follow-up and monitoring to ensure adherence and improved outcomes.
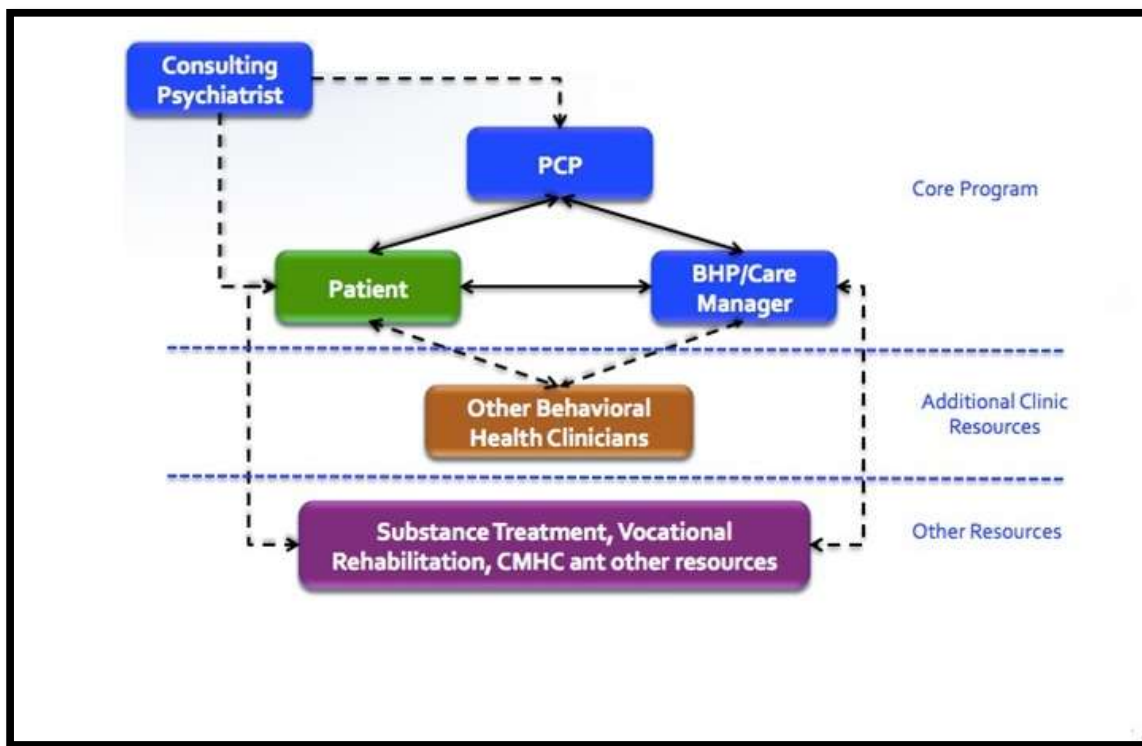

Figure 10. Collaborative care model. [17]

Collaborative care has proven highly effective for managing single conditions, such as depression in primary care settings, and is increasingly being used to treat comorbid depression in patients with cancer, diabetes, and hypertension. By integrating NCD and mental health care, this approach not only strengthens healthcare systems but also improves patient outcomes and reduces costs.

The interconnected nature of NCDs, mental health disorders, and communicable diseases calls for comprehensive, integrated healthcare strategies. Strengthening primordial and primary prevention, addressing mental health within the non-communicable disease (NCD) framework, and implementing collaborative care models are crucial steps in achieving better

health outcomes and economic sustainability worldwide.

Conclusion

In conclusion, India's Ayushman Bharat initiative has made commendable progress in advancing universal health coverage (UHC) by enhancing access to healthcare across both urban and rural areas. Through a proactive strategy, Ayushman Bharat addresses the disparities in healthcare availability, access, and quality, particularly in underserved rural regions. The program has had an immediate and profound impact, improved healthcare access and offering financial protection, while also driving healthcare infrastructure development. The scheme has not only demonstrated its effectiveness in enhancing healthcare equity but also proved invaluable during the COVID-19 pandemic by safeguarding millions of individuals with financial coverage.

Despite its success, India continues to face several ongoing challenges in healthcare. As the most populous country in the world, India grapples with a rapidly increasing population, with high birth rates and a declining death rate in most states. The healthcare system is continuously being upgraded to meet the demands of this growing population. To address these challenges, a multifaceted has been adopted by the Government of India, including a stronger focus on prevention and early diagnosis, linking Ayushman Bharat with regional healthcare schemes, and expanding public awareness campaigns to ensure that the intended beneficiaries make full use of the services [21].

The burden of disease in the new millennium presents a **twin epidemic:** a)

continuing or emerging infectious diseases, which require ramped-up public health programs, and b) chronic degenerative diseases, driven by demographic transitions and increased life expectancy, necessitating improvements in health infrastructure.

Additionally, key human development indicators such as longevity, literacy, and GDP per capita reflect the complex challenges posed by India's rapidly growing population, which currently stands at 1.46 billion, with 25% of children under 14 years of age and a 7.2%-over 65 years of age- ever growing elderly population.

The complexity of the interconnected health issues—non-communicable diseases (NCDs), mental health disorders, and communicable diseases—necessitates a more comprehensive and integrated approach to healthcare.

Strengthening **primordial and primary prevention**, integrating mental health into the NCD framework, and implementing collaborative care models will be key to achieving long-term health improvements and ensuring economic sustainability.

By addressing these challenges directly and refining its approach, Ayushman Bharat has the potential to fulfil its mission of providing equitable and cost-effective healthcare services to all, making significant contributions toward achieving UHC and supporting the broader objectives of the Sustainable Development Goals.

Statements and Declarations
Conflicts of interest

The authors declare that they do not have conflict of interest.

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