



## Accessing Healthcare Justice through Ayushman Bharat: Evaluating India's Path Toward Universal Health Coverage



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### KEYWORDS

Ayushman Bharat, Healthcare justice, Universal Health Coverage, right to health, social equity, public policy, Indian Constitution, Health governance, Human rights, Health law.

### ABSTRACT

Health is the right of every human being and is a means to social justice. Access to basic health care service is an issue of inequity for a long time, due to socio-economic disadvantage and disparity in resources across the regions of India. The scheme Ayushman Bharat, launched in 2018, is a game-changer policy intervention to ensure health care services are accessible and financially protected for the marginalised groups and for the achievement of Universal Health Coverage (UHC). In this paper the author discusses the legal, constitutional and policy dimensions of Ayushman Bharat and its potential as a catalyst to increase the access to healthcare as envisioned in Articles 21 and 47 of the Indian Constitution. This analysis appraises the worth of the design, regulatory issues, and results of the plan in enhancing justice in healthcare. It does so, in part, through its analysis of key issues related to infrastructure, funding and supervision of the private sector, and through recommendations to strengthen that ignited framework primarily through the legal formalisation and public governance. The paper concludes that Ayushman Bharat is a positive step towards making health care a right and not a privilege and India step closer towards the SDG "Health for all".

### 1. Introduction

Healthcare is not just a service, but a right and a moral, constitutional and human right to the dignity and progress of every person. In India, the access to the healthcare services has been traditionally affected by structural inequalities due to poverty, geographical location, caste, gender and urban-rural divide. But India's health system has been fragmented for many decades and is sorely lacking in financial resources, despite having constitutional

and legal obligations to the health of Indians as mandated in Article 21 (right to life and personal liberty), as well as a commitment to a functional governance framework as prescribed in the Directive Principles of State Policy (where public health is an important responsibility of the state). A one of the most ambitious missions to achieve the dream "Health for All" is being made a reality in this background, namely the launch of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-

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PMJAY) in 2018. It aims to provide access to high quality health care and financial security to more than 500 million people, and is the world's largest publicly-funded health assurance scheme. Unlike past approaches, Ayushman Bharat is unique in introducing a community action and multi-stakeholder approach to tackle structural issues of the Indian health-care system. Healthcare system has two components— HWCs delivering primary healthcare and preventive services to people and Pradhan Mantri Jan Arogya Yojana (PM-JAY) that covers secondary and tertiary care up to ₹5 lakhs per family per year for poor and vulnerable. This two-way access and affordability will help close the divide between access and affordability and, in our beautiful country, change the relationship when it comes to public health governance. The vision of Ayushman Bharat is very close to the Universal Health Coverage (UHC) as stated by World Health Organization (WHO), Sustainable Development Goals (Goal – 3): Ensure healthy lives and promote well-being for all at all ages. UHC is about everyone and every community having access to health services they need without sufferance. Under state-funded health insurance, Ayushman Bharat ensures that millions of Indians are put on a health insurance journey to fulfil India's international and constitutional obligations to respect the right to health. But a vision is meaningless if there is not a plan for it to be made a reality and there are difficult things to consider. The health care delivery system is also highly skewed with fewer health care providers, hospitals and availability of essential medicines in the villages of India. Secondly, there are the issues of cost regulation, cost transparency

and accountability under the PM-JAY which is largely dependent on the private sector. Another issue that bedeviled the programme was out-of-pocket expenditure which made millions more impoverished annually and undermined the programme objective of 'true healthcare justice'. Socio-legal dimension - Ayushman Bharat is a paradigm shift from 'entitlements' to 'accessibility' as guaranteed by rights. It strives to implement the vision of access to health care as a right of every citizen, of the marginalised voices. Availing scheme also shows the constitutional morality as strengthening the Enforcement of Directive Principles Articles 38, 39(e) and (f), 41, 47 that is the state is called upon to provide public assistance in case of sickness and to raise the level of nutrition and standard of living of all. This is evident from various judgments of Supreme Court of India, including the judgment in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996) and the judgment in *State of Punjab v. Mohinder Singh Chawla* (1997). Ayushman Bharat, thus, provides a compelling way to make these rights enshrined in law come true and litigable through good policy. Ayushman Bharat is also aligned with the commitments that India had made to the world at Alma-Ata Declaration (1978) and Astana Declaration (2018) on Primary HealthCare which laid emphasis on equity, community participation and integrated service delivery. Health and Wellness Centres (HWCs) provide the delivery of services in a decentralized manner, which is different from hospital-based services and is moving to the community level in order to provide preventive and promotive care services to the

population. This reframing recognizes that there will be no healthcare justice for the people simply by paying for tertiary care; it requires an inclusive, preventive and participatory health system led and dominated by the citizens with proper empowerment. But, the implementation of Ayushman Bharat has been a controversial issue among the critics of the policy in the panel of policy makers to sociology and health professionals. Questions on funding, quality assurance, privacy concerns with the digital health records, and readiness of the health system for the ambitious aims of the scheme remain. Moreover, success of the programme will depend on the coordination between the central and state government as health is a subject of state under the federal system of government in India. In this context, this paper critically analyzes Ayushman Bharat in the context of health justice and UHC in India. The analysis examines the constitutional, policy and ethical principles behind the scheme, as well as equity and access issues, and structural and governance challenges to its effectiveness. The paper looks at whether or not Ayushman Bharat is filling the gap between what is written on the papers and what citizens experience when it comes to the right to health, in the context of broader national and global debates around this right to health.

## 2. Statement of Problem

Socio-economic and regional inequalities, gender inequalities and infrastructural disparities in accessing health care services in India exist significantly. The right to health has been interpreted as a part of Article 21 of the Indian Constitution, yet a huge chunk of the population is

still experiencing significant problems in accessing affordable, timely and quality healthcare services. High cost of care, few public health facilities, inadequate coverage, insufficient medical staffing and utilization of private health care providers in rural areas are still aspects of this care justice issue. The aim of Ayushman Bharat, especially with the inclusion of two pillars, Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana, is to combat such inequalities and strive to create Universal Health Coverage in India. Its effectiveness will however be dependent on the way it is put into practice, the regulatory framework, whether it is viable financially, whether the public is aware of it and whether the public will be able to change their healthcare from a welfare benefit to a rights-based entitlement. The main concern of this study is thus whether or not Ayushman Bharat has succeeded in improving health justice and the country's constitutional and international obligations to achieve Universal Health Coverage (UHC).

## 3. Literature Review

Current literature on health justice and the UHC underscores the importance of health as a right, as a constitutional right and as a prerequisite for social equity. Indian health system has been examined for inequitable access, source of resources funded by public money, health insurance and social determinants of health as well as the role of the state in protecting vulnerable groups. Studies on health equity have been revealing that poverty, caste, gender, region, and lack of infrastructure continues to affect citizens' access to health care. Some theoretical frameworks can be useful to

conceptualize health as part of human freedom and human social justice, such as the capability approach (as developed by Amartya Sen), Rawlsian fairness and the concept of health justice (as developed by Norman Daniels) and distributive justice.

Research and writing on Ayushman Bharat has largely centred on its ability to provide financial risk protection and also to expand access to secondary and tertiary healthcare. Health and Wellness Centres are highlighted in policy documents and scientific publications as a way to strengthen primary healthcare and PM-JAY as a safety net against catastrophic health spending. There has also been a linkage of the scheme with Indian Constitution, Article 21 and Article 47 and some important judgements such as that of *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* and *Consumer Education and Research Centre v. Union of India*. Several other constraints were also noted in the literature: Implementation of the legislation was differential across the states, public infrastructure was weak, there was a heavy reliance on private hospitals, beneficiaries were not aware of the legislation and legal accountability was higher.

#### 4. Research Gap

While significant efforts have been made towards the development of Ayushman Bharat as a health insurance and public policy programme, a socio-legal study of the scheme focusing on healthcare justice is required. There are many studies that evaluate the scheme, considering its extent of coverage, the number of hospitalizations, its protection of finances, and administrative

efficiency, but there are not many studies that examine if Ayushman Bharat actually improves the constitutional right to health and the ethical idea of equitable healthcare. Also, there is a lack of analysis of the scheme as a link between the welfare policy and rights-based healthcare governance system. In this context, the present study tries to address the gap between the study of Ayushman Bharat as a Government programme and a constitutional morality and social justice Universal Health Coverage.

#### 5. Research Methodology

In the present research, the research method that is used is doctrinal, analytical and evaluative research. Its primary sources are second hand such as the constitutional provisions and cases, policy documents of the government, reports of the National Health Authority, academic books, journal articles, and international documents as well as issues on health rights and UHC. The study focuses on some of the articles of the Indian constitution dealing with the right to health including Article 21, Article 38, Article 39, Article 41 and Article 47, along with significant judicial decisions on the right to health. It also explores the issues related to the access, equity, financial protection and governance of the working of Ayushman Bharat and its components such as Health and Wellness Centres and PM-JAY. This is qualitative research which uses the method of legal, constitution and policy analysis to measure the extent of progress achieved by Ayushman Bharat in the field of healthcare justice in India.

#### 6. Purpose of the Study

This study aims to explore the role of Ayushman

Bharat in healthcare justice and bring India closer towards Universal Health Coverage. The study will focus on the constitutional, legal, ethical and policy considerations of the scheme and look to see if it has achieved its goals of lowering inequalities in access to healthcare for the poor and vulnerable. It also aims to gain a better understanding of the barriers that hinder the transformative potential of the scheme and to recommend actions to enhance it through legalisation of the right to health, better public health infrastructure, better regulation of private hospitals, digital transparency and fiscal commitment and participatory governance.

## 7. Research Questions

- i. What is the role of Ayushman Bharat in India in achieving healthcare justice?
- ii. How Ayushman Bharat is reflecting the constitutional vision of right to life and public health as per Article 21 and 47 of the Indian constitution?
- iii. What progress has been made towards achieving the vision of Ayushman Bharat in lowering financial barriers and out-of-pocket expenditure for the poor and vulnerable?
- iv. What are the key structural, administrative and regulatory hurdles to the implementation of Ayushman Bharat?
- v. Is Ayushman Bharat a move towards welfare or rights-based healthcare governance?
- vi. What are the policy and legal changes needed to make Ayushman Bharat a powerful tool for Universal Health Coverage?

## 8. Research Objectives

- i. To discuss the idea of healthcare justice in the context of constitutional morality and social equity.
- ii. To examine legal and constitutional frameworks of right to health in India.
- iii. To gain knowledge about the structure, function and working of Ayushman Bharat, with special reference to Health and Wellness Centres and PM-JAY.
- iv. To assess the impact of Ayushman Bharat in the Universal Health Coverage.
- v. To understand the key issues in implementing Ayushman Bharat.
- vi. To review the scheme's public-private partnership and digital health infrastructure and governance arrangements.
- vii. To suggest legal and policy reforms for making healthcare more accessible, accountable, equitable and rights-based.

## 9. Hypothesis

Ayushman Bharat can be a significant step towards achieving health justice and Universal Health Coverage in India by providing financial protection and enhanced access to healthcare for the poor and vulnerable. Some of the challenges to its effectiveness relate to its implementation: weak infrastructure, inequitable implementation at state level, limited public awareness, use of private healthcare providers and poor regulation, and lack of fiscal commitment. The study assumes that if Ayushman Bharat is supported by the legal recognition of right to health, robust public health systems, good governance, and strong governance of the private health sector, it can be more effective

in the quest of healthcare justice.

## 10. Scope, Significance and Relevance of the Study

This research paper only focuses on socio-legal and policy analysis of Ayushman Bharat in the context of healthcare justice and Universal Health Coverage in India. It highlights the constitutional provisions, judicial interpretations, policy framework, implementation problems and reform opportunities of the scheme. In the study, a field survey has not been conducted, but doctrinal and analytical legal, policy and academic sources have been used.

The importance of the study is that it has an attempt to make a connection between healthcare policy and constitutional justice. It highlights the right of every person to health care, which is related to the life, dignity and equality and social justice. This study is relevant because healthcare is still a huge problem within the Indian citizens, and they haven't reached a good quality and cheap healthcare yet. The implementation of Ayushman Bharat is an ambitious project for health care in the country and either its success or failure will depend on the fate of millions of citizens who are vulnerable. The study also has implications for legal scholars, healthcare policy makers, health administrators, researchers, and social justice advocates as it provides a framework for assessing healthcare reform through a rights-based lens.

## 11. International Perspectives

Indeed, Universal Health Coverage is not unique to being promoted in Sri Lanka, it is a theme of one of the United Nations Sustainable Development Goals (SDG 3.8) and is also in the World Health Organization agenda. Health is regarded as a

fundamental human right by international human rights instruments like the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. The issue of primary health care, equity and community participation and health systems with easy access to services have also been emphasized in the declarations, such as Alma-Ata and Astana.

Each country has an alternative approach to attain UHC. The U.K. is a country with a publicly funded healthcare system, in Canada there are provincial health schemes, and Thailand had a universal coverage scheme (UCS) that has been a much talked about topic. These models illustrate the importance of effective public funding, accountability, primary care and regulation for equitable delivery of health care. The Ayushman Bharat scheme in India, on the other hand, is a blended scheme that combines investment from the public, insurance-based coverage, and the enhancement and public-private partnership of public healthcare. All this suggests however that the path to UHC in India is still to come, and that insurance coverage has to be extended, with the public health system, accountability mechanisms and provision of preventive services and community-based governance having to be strengthened. The national initiative of Ayushman Bharat thus can be recognised as India's distinctive health equity and 'health for all' by the global community.

## 12. Conceptual Framework: Healthcare Justice and Universal Health Coverage

Healthcare justice is an idea that lies at the intersection of ethics, law and public policy: every

person should have equal access to health care regardless of any socioeconomic, or other, differences; healthcare resources should be distributed equally across all of the population. It is grounded on the understanding that health is a precondition and a product of social justice, which is an integral component of human dignity and equality. Because of this, healthcare justice includes social determinants of health outside of medical care: nutrition, sanitation, housing, education and environments in which people live. As rightly suggested by the late Prof. B.B. Kumar, the Healthcare Justice is one of those social goods which are morally and legally entitled under the Indian Constitution under the Right to life guaranteed under Article 21 that has been liberally interpreted by the judiciary to include the right to live with human dignity and hence also the right to health and medical care as well.

### 12.1 Healthcare Justice

Health care equity is a fair distribution of health care opportunities, based on need rather than purchasing power. It foresees a system where all people, no matter their income level, gender or the region where they live can access essential health services without experience financial difficulty. This is what the philosopher Norman Daniels envisioned within theory of justice as fairness and argued that health plays an important role in safeguarding normal function, fair equality of opportunity. In India, horizontal equity (equal treatment to equal needs) and vertical equity (unequal treatment to unequal needs) also requires consideration with a proportional distribution of support to the most vulnerable (unequal needs). It is

also akin to the concept of distributive justice which suggests that resources ought to be assigned in a way that improves equity and that social welfare improves. The distributive justice constraint is addressed by Ayushman Bharat and other public health policies by offering financial protection to those who were previously marginalised in terms of poverty or lack of access to quality health care. As such, healthcare justice is not only a moral aspiration but actually a constitutional and democratic requirement.

### 12.2 Universal Health Coverage (UHC)

Universal Health Coverage (UHC) is a health policy goal that has been embraced by the World Health Organization (WHO) and included in Sustainable Development Goal (SDG) 3.8 of the 2015 SDG agenda: "Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all." The UHC philosophy is that the need for health care shouldn't be based on a person's ability to pay; hence access should be based on need. Accessibility to universal health coverage (UHC) is a barometer of a country's commitment to social justice, economic inclusion and human rights. In some countries around the world, including the United Kingdom (which has nothing to do with N.H.S), Canada and Thailand, the general citizens have heavily funded the whole institutional system of finance and regulations, making UHC a convincing element of that system. As against this, the low and middle income countries, even in India which is also a country with significant population diversity dynamics, and

limited fiscal capacity to undertake health sector reform, the effort of universal coverage is a process that unfolds in context. Finally, on 31 May 2023 a historic order was issued by the Hon'ble Sitting Judge of Supreme Court of India in a PIL Petition for healthcare justice. Healthcare justice in India in the context of the evolution of the constitution, legislation, and policy making. However, there is no specific mention of a right to health in the Constitution, but the Supreme Court has in various judgments implied that the right to health is part of Article 21. This was an important landmark decision pronounced by the Supreme Court in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996) and *Consumer Education and Research Centre v. Union of India* (1995) which indicated that it would be the responsibility of the state to provide facilities for health care to its citizens. Moreover, the State has been given the mandate to ensure social justice along with the promotion of life and health of workers by improving nutritional level and standard of living of workers under the provisions of articles 38, 39(e), 41 and 47 of part IV of the Constitution, known as Directive Principles of State Policy. By themselves they are constitutional and judicial interpretations that will set a path towards the rights approach to healthcare. Personalist vs. Pandemic-Organized: One of their arguments is that economics or market conditions should have no say in the organization of health care; that it should not depend on personal selection and should be made available state-initiated action and distributive justice.

### **13. Ayushman Bharat: Convergence of Welfare and Rights**

"Ayushman Bharat" is a step towards moving from a welfare approach to a rights-based approach to health care. It provides a philosophy for quality health care, which is a right, not a gift. The scheme covers almost 40% of the Indian population primarily the economically weaker section of the population with the objective of realizing the constitutional mandate of social and economic justice. Health and Wellness Centres (HWCs) are being established for strengthening primary healthcare that provides for preventive and promotive care, and Pradhan Mantri Jan Arogya Yojana (PM-JAY) offers financial risk protection when it comes to treatment of catastrophic diseases. Thus, Ayushman Bharat is oriented towards both Rawlsian justice and Amartya Sen's capability approach that focuses on increasing people's substantive freedoms to enjoy the health they seek. It embodies the values of equality and non-discrimination, addressing the needs of those furthest reached outside of the formal health care system, such as rural communities, informal workers and women.

### **14. The Ethical Side of Health Care Justice**

As much as legal and policy frameworks, healthcare justice captures deep ethical commitments. It pushes governments to balance individual rights and community goods and ensures that the use of public resources is positive for society. It is essential for good governance of healthcare systems to have accountability, transparency and participation to build public trust. The financial design of Ayushman Bharat is very critical in order to succeed but the key point is to implement these ethical aspects that the right to health is achieved to

all citizens, particularly to underprivileged citizens.

### 15. Interlinking Justice and Health Equity

The healthcare justice is health equity, which is about an equitable reduction of avoidable and inequitable disparities. In India, inequities are reflected in differences of income, caste, gender and geography. So, justice for Ayushman Bharat is inextricably linked with the need to tackle these underlying drivers. Universal Health Coverage is not only a health policy goal, but a multi-faceted social justice initiative to change unjust systems here. Ayushman Bharat is one of the major initiatives undertaken by India on the path to achieving this vision. It offers a basis for achieving efficiency and equity, the benefit of one and many and welfare and rights. Bringing healthcare justice meant acknowledging the unacknowledged and, thereby, keeping the momentum going for ongoing evaluation and the more effective stewardship of these resources under one "call to action": never leave anyone behind.

### 16. Constitutional and Legal Dimensions of the Right to Health in India

The Indian Constitution provides a strong moral and legal safeguards for the protection and promotion of the public health. The right to health is inherent and not specifically enumerated in the Constitution, but it can be read from the Constitution and the Directive Principles of State policy, which, under judicial scrutiny today, are considered to be one of its facets that are covered under Article 21 of the Constitution. In the decades since, the judiciary, the legislature and the executive have all played a more or less humble role in defining the contours of healthcare justice, and have finally settled the

matter by legislative intent and judicial affirmation that it is a moral imperative for the states to guarantee equal access to health services. The concept of extension of health access is constitutional in nature: When Ayushman Bharat Mission is read through the prism of the constitution, it implies an extension of the idea of access to health well beyond a policy, and can almost be considered a constitutional right for the citizens of India. The right to health is considered one of the most progressive developments in Indian constitutional jurisprudence, especially with the development of the right to health as an integral part of the right to life. In a series of landmark judgements, the Supreme Court of India has broadened the scope of Article 21, to include various aspects of human life, such as clean air, safe drinking water, wholesome food and medical care. The following are some of the key judicial decisions:

- i. In *Consumer Education and Research Centre v. Union of India* (1995), it is observed that right to health and medical care under Article 21 is a fundamental right and the state has the duty about the health of the workers.
- ii. In *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996), the Court held that the State was constitutionally bound to ensure adequate medical care of all, and failure to provide medical treatment within a reasonable time by the Government hospital was unconstitutional.
- iii. In the case *State of Punjab v. Mohinder Singh Chawla* (1997) the right to health was

reiterated as an entailed part of the right to life and the responsibility of the state or government to provide medical treatment to its citizens and employees when required.

- iv. Vincent Panikurlangara v. Union of India (1987): Court declared that health is a Fundamental Right and the responsibility of the Government to ensure the health of the populace.

These decisions, which when taken together, reflect the concept that the right to health services both preventive and curative is a right and not a privilege and that it is guaranteed by the constitution.

### **16.1 The Directive Principles of State Policy (DPSPs)**

While the non-justiciable in nature Directive Principles of State Policy (Part IV) became ethos of governance, their influence was felt in formulating health policies and public health in India. There are several direct links between DP support areas and the health and social well-being of the child:

- i. Article 38: "The State shall aim at the welfare of the people through social order in which justice — social, economic and political — shall guide all Institutions of the Nation.
- ii. Article 39(e): Provides that the health and strength of workers, men and women, should not be abused and that childhood and youth are not exploited.
- iii. The State shall also promote its policy of obtaining public assistance for sickness, disability and old age.
- iv. Article 47 of the Constitution: makes it a primary duty on the part of State to raise

level of nutrition and standard of living and improve public health.

The constitutional directive is directly reflected in the Ayushman Bharat programme. It seeks to make the State's obligation to provide treatment that is accessible and affordable dynamic, by establishing a single system that links preventive and curative treatment. By doing so, it concretely fleshes out the DPSPs, particularly in terms of realising the Article 47 mandate towards improving public health and Article 38 vision advancing social justice.

### **16.2 Horizons of Health Rights through Judicial Interpretation**

The courts have made the difference and brought public health obligations from policy goals to rights. The judiciary has also monitored the governments on failure to follow rules regarding the obligations under the right to health in respect of maintenance of hospitals, sanitation or pollution control through Public Interest Litigations (PILs). In the Parmanand Katara case of 1989, the Supreme Court had ruled that every physician, irrespective of whether he worked in government or private hospitals, was under a 'sacred duty' to provide 'necessary medical assistance' to a patient as soon as possible without any consideration of the legal aspects of the case. In Bandhua Mukti Morcha v. Union of India (1984), the Court adopted the WS approach and connected health, nutrition and humane conditions to the right to life of a man noting that most of the socio-economic rights are interlinked. Similar interpretations have allowed the Indian judiciary to develop the right to health as a fundamental entitlement, both as a moral obligation and a legally binding one for the State to work

towards its progressive implementation in its policies and budgets. The legislative framework in India, as a whole, embodies a vision of health as a human right. National Health Mission (NHM) is a major act, the Clinical Establishments (Registration and Regulation) Act 2010, the state specific health insurance schemes. These laws and initiatives complement one another and strengthen the accountability of institutions, establish common quality standards of medical service provision and increase access to affordable medical services. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the most ambitious step in this direction. It brings together the constitutional principles of dignity and life with financial protection and universal access. This way, it will not only guarantee the right to health in a federal cooperative structure but also treat patients in thousands of public and private hospitals in more than 10 crore vulnerable families. The focus of Novel Health and Wellness Centres (HWCs) is on preventive and promotive health measures which are helping to fulfill the broader vision of Article 47.

### **16.3 Federalism and Health Governance**

Health governance in India is also complicated by the federalism aspect as “public health and sanitation” is included in the State List (List II) of the Constitution. But this is a matter of national importance which falls under List III (Concurrent List) under which both the Central Government and the State Government can make laws. It is within these two extremes that all things (health included) are decided and delivered by the Ayushman Bharat Scheme which provides strategic direction, fund

flows and regulation to ensure that the potential risks of the National Health Trust Fund are kept in check while the States implement it. This spirit of partnership enhances federalism and promotes shared responsibility for working toward health equity. But, there are high and low levels of financial means, infrastructure, administrative capacity between the state levels, which makes it difficult to achieve uniformity in the scheme. These gaps need to be filled in if we are to attain the basic constitutional equality guaranteed by Article 14 and provide a standard of healthcare to all citizens irrespective of their location.

### **16.4 The Right to Health as a Human Right**

India's commitment to the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966) further strengthens the constitutional obligation of India to define health as a human right. The medium for this realization is the Ayushman Bharat campaign which has an impact on us all as a nation, as citizens of the land, that is as a nation, I am a citizen of the land, what is happening in my policy is what is happening in my land, which is what is happening in the rest of the world. It brings to a head the connection between social protection and access to health care, driving progress towards the Sustainable Development Goals (SDGs), notably health and well-being (SDG 3) and reducing inequalities (SDG 10). So, Ayushman Bharat is not an act of social welfare but a constitutional realization of the principles of human rights encapsulated in our Constitution which encompasses both national policy on one

hand and the international standard of justice and equity on the other hand.

### **17. Impact assessment**

Success of Achieving healthcare justice through Ayushman Bharat. Since its introduction in 2018, Ayushman Bharat has emerged as one of the boldest healthcare initiatives in India following Independence. Its primary objective—to promote financial protection and universal access to health services—has a substantial impact on the system of healthcare delivery, specifically for disadvantaged people and the economically weaker sections. But, the quantitative (coverage, utilization, and expenditure reduction), as well as qualitative (equity, accessibility and justice) aspects of UHC should be taken into account to measure the true effect of UHC. The most evident success of Ayushman Bharat is the scale of health coverage. Spread over 10 crore poor and vulnerable families or nearly 50 crore beneficiaries, the scheme will be the world's largest publicly funded health insurance scheme. National Health Authority (NHA) says that millions of hospital admissions have already been approved with thousands of empanelled hospitals (public and private) providing these cashless services. As a result of that expansion, the cost of hospitalisation has been reduced to so low a level for low-income families. It's allowing so many beneficiaries to now use medical care who previously could not afford it and didn't get care as a result and it's an example of living with exclusion to inclusion in the healthcare system. Financial protection and reduction of out-of-pocket spending: India's healthcare system was largely an OOP based one even prior to Ayushman Bharat, with payments

from patients accounting for almost 63% of total health expenditure. This was one of the highest in the world, creating millions of impoverished people annually. The insurance mechanism of PM-JAY has started to change this trend. Studies indicate that the probability of catastrophic health expenditure reduced significantly for those families with insurance coverage, especially in the states, where coverage has been effective, that is, Tamil Nadu, Gujarat and Himachal Pradesh (P S Hennadappa et al. 2019). While uniformity remains difficult there are still millions of people that have been spared from financial problems as a result of health expenditure through the scheme.

### **18. Accessibility and Inclusivity**

Health and Wellness Centres (HWCs) are the key to provide health services at grassroots level. Over 1 lakh HWCs have been setup and services such as maternal and child health, chronic disease management and essential drugs for free, have been provided. This has resulted in decentralization of health services and improved health service delivery in rural areas, reduced travel distance and the promotion of preventive health practices. Most important is its integration of primary, secondary and tertiary care in a continuum of services.

### **19. Making a difference for Women and Other Vulnerable Groups**

Ayushman Bharat has directly impacted women and the vulnerable. Women put family's health before their own and financial constraints had caused under treatment. Women are the major share of total hospitalisation under PM-JAY. There has also been an improvement in the health utilisation among the Scheduled Castes, the Scheduled Tribes and senior

citizens. This is in line with the broader concept of social justice and inclusiveness that is entrenched in the Constitution.

## 20. Strengthening of Public Health Infrastructure

Furthermore, the implementation of Ayushman Bharat has also resulted in upgradation of public hospitals and intermediaries, enhanced infrastructure along with digital health integration via the Ayushman Bharat Digital Mission (ABDM). The use of technology such as e-cards, empanelment of hospitals and real-time monitoring have ensured that accountability and transparency are increased. In addition, collaborations with private clinical systems have increased access to service albeit also raise regulatory and computation concerns.

## 21. Challenges in Realizing Healthcare Justice

Even though important advances have been made, the scheme faces structural and systemic challenges that impede its transformative potential:

- i. **Implementation Gap:** Kerala and Tamil Nadu states have been leading in coverage, whereas many other states still have implementation gaps due to administrative and financial issues.
- ii. **Dependence on Private Sector:** Over-dependence of private hospitals, has caused problems of profit-making and varying quality.
- iii. **Lack of Infrastructure:** Rural and tribal areas still have inadequate number of hospitals, doctors and diagnostic centres.

- iv. **Awareness Gaps:** There is a large number of citizens who are eligible to avail the PM-JAY benefits but are still unaware.
- v. **Fiscal Sustainability:** Program has a limited public funding and increasing healthcare costs threaten long-term sustainability.

## 22. Assessing Justice and Equity Outcomes

Substantive justice in health deals with much deeper stratifications, while Assessing Justice and Equity Outcomes: Ayushman Bharat might have broadened the access frontier. Moreover, to availability of treatment, justice also commands the restructuring of further impediments that prevent us from more equitably participating in health systems. It is also a measure of distributing justice by giving economic promotion to weaker sections of the society. Universal Health Care will need to be complemented by complete strengthening public healthcare services, address ethical regulation of private providers and community level planning and participative decision making.

## 23. Long-term Consequences and Future Assumptions

Ayushman Bharat is not just a programme on healthcare Delivery but will change the paradigm of welfare governance in India. It reiterates the belief that health is for public right and not a market privilege. With repeated capital infusion, telemedicine integration as well as greater engagement of state Governments, Ayushman Bharat can be the cornerstone on which India's universal health care dream in 2030 can rest. However, in order for NHPS to move away from a welfare program towards one that is based on

values of social justice, it is important to shift focus, from quantitative growth to qualitative empowerment, from institutionalising poverty to institutionalising dignity, equity and equal access to health for all citizens.

## **24. Challenges and Recommendations: Strengthening Ayushman Bharat for Equitable Health Justice**

While Ayushman Bharat represents a significant step towards Universal Health Coverage (UHC) in India, achieving healthcare justice comprehensively will not be without its challenges. These barriers are not only administrative but structural, indicating systemic inequalities in India's public health system. You are tasked with solving these complex problems that require a multifaceted approach a combination of policy change, legal accountability, technological innovation and social equity.

### **24.1 Major Challenges in Implementation**

- (1) Infrastructural and Human Resource Deficiencies-** We have inadequate health infrastructure which is particularly acute in rural and tribal areas which is one of the major bottlenecks for successful implementation of Ayushman Bharat. The scarcity of doctors, nurses and diagnostic laboratories seriously constrains access to high-quality treatment. It is a well-known secret that Health and Wellness Centres (HWCs) exist on paper but lack the necessary equipments, medicines and trained human resources. This ambitious insurance scheme that relies on the

integration of health and socioeconomic outcome needs to be optimally functional, but for that, the foundation needs to be built without which it will not serve its purpose.

- (2) Uneven State-Level Implementation-** As health is a State subject under the Indian Constitution, Ayushman Bharat implementation varies significantly. States like Kerala, Tamil Nadu and Gujarat have some amount of credible progress but others struggle with administrative inefficacy, poor coordination and financial constraints. This difference in approach leads to a choppy landscape of care and calls into question whether healthcare justice can be realized uniformly throughout the country.
- (3) Rule of the Private Sector and its Regulation-** Though empanelment of private hospitals may have simplified service availability, it has brought new barriers with quality control, overcharging and malpractices. Accountings of unnecessary procedures and bloated bills suggest lax regulatory scrutiny. The lack of strict auditing mechanisms and accountability measures enables the commercial interests to prevail over the scheme's social justice objectives.
- (4) Awareness and Outreach Barriers-** However Ayushman Bharat is a large-scale initiative, and many eligible beneficiaries are still unaware of their rights. Citizens miss out on the schemes, due to low literacy levels, lack of information dissemination, bureaucratic hurdles etc. This knowledge

gap is particularly steep among women, marginal castes and remote rural people.

**(5) Sustainable Funding and Allocations-**

Another big worry is the scheme's fiscal sustainability. Providing coverage for more than 50 crore citizens is cost intensive and continuous, and costs are expected to rise. With mounting healthcare costs and less than 2% of gross domestic product directed to the health sector, there are long-term sustainability threats. The promise of universal healthcare could be broadened at the risk of dilution, unless there is adequate funding.

**24.2 Recommendations for Strengthening Ayushman Bharat**

**(1) Reinforced Primary and Preventive Healthcare-**

The Health and Wellness Centre is the basic unit of a robust healthcare system which must be reinforced with investments. Preventive care screenings, vaccinations and maternal health programs should be prioritized over curative care. By strengthening the primary level, hospitalization needs and overall costs will decrease.

**(2) The legislative recognition of the right to health-**

We need a Right to Health Act in India, so that access to healthcare is a legally enforceable right. This would bring domestic law in line with constitutional mandates under Articles 21 and 47 as well as international obligations under Article 12 of the ICESCR. Legal enforceability holds

people accountable and avoids reducing health care to a political slogan.

**(3) Enhancing Digital Health Infrastructure-**

Then, we can fully integrate it with the Ayushman Bharat Digital Mission (ABDM) to enable transparency, monitoring and accessibility. Despite the challenge of delivering healthcare to populations in remote locations, technologies such as digital health records, telemedicine and AI-driven data analytics are available solutions which ultimately maximize patient care and facilitate program effectiveness assessment in real time.

**(4) Regulation of the Private Health Care Sector-**

Private hospitals need regulatory framework for fair pricing, ethical practice and service quality. Periodic audits, grievance redressal mechanisms and deterrent punishments in the event of malpractice can work to ensure that exploitation is averted and accountability is upheld.

**(5) Capacity Building and Training-**

Proper human resource management including continuous professional development and training of healthcare workers can improve service quality. The government also need to incentivize medical professionals with scholarships, career advancement and financial rewards to serve in rural and underserved areas.

**(6) Public Awareness and Community Involvement-**

The implementation of the scheme should also include mass awareness

campaigns and local participation. Including Panchayati Raj institutions, local NGOs and community health workers in these efforts can help the most vulnerable beneficiaries understand their entitlement.

**(7) Strengthening Fiscal Commitments-** As per the National Health Policy (2017), the government needs to spend at least 2.5% of GDP on healthcare. Increased fiscal commitment will secure the sustainability of Ayushman Bharat and ensure higher quality services.

**(8) Towards a Justice-Oriented Healthcare Model-** It will not be enough for Ayushman Bharat to be a welfare scheme it must also become a rights-based one, if the promise of health care justice is to ever be realised. Justice in healthcare is dignified, fair, and equal. Through systems of legal accountability, just allocation of resources and community empowerment, India can work towards achieving the constitutional dream of “health for all.”

## 25. Conclusion

Ayushman Bharat is a significant step towards Universal Health Coverage (UHC) and access to healthcare justice in India's journey towards achieving it. Not merely a Welfare issue but a social policy that is based on equality, dignity and constitutional morality. The scheme aims to overcome the longstanding inequities that have plagued India's healthcare system by providing financial protection and bringing about infrastructure changes. The ayushman Bharat has emerged out of the confluence of Article 21 and

Article 47 of the Indian Constitution both of which have an explicit mandate of the State to maintain life and enhance public health. Judicial rulings have also established health as a fundamental right and hence, a moral and legal duty of the government to ensure equality in access to health services. Thus, in this framework Ayushman Bharat is not just a tool of social welfare but also embodies the principles enshrined within our constitution – a form of constitutional justice that ensures right to health become a lived experience for millions. Now, millions of families who had been denied the chance for the first time have the opportunity to receive cashless hospitalization. With the Pradhan Mantri Jan Arogya Yojana (PMJAY), Health and Wellness Centres (HWC) have been able to boost up primary health care delivery and the insurance has reduced health expenditure in the catastrophic range. A step towards social packaging – especially women, low castes and rural groups are included. Access to justice in the health care is not realised. There are still ongoing barriers to universal access such as infrastructure challenges, the lack of compliance in actual use, private sector exploitation and public awareness. Fiscal sustainability and accountability in governance are pressing issues as well. For Ayushman Bharat to become a true justice-centric approach to health care, it needs to be supported by the enhancement of public health systems (de-privatisation of the hybrid); the regulation and participatory governance by partnerships between the community and local institutions. Moreover, there is a need to understand healthcare as a legal right to justice, so that they can be able to facilitate long-term reform. ABDM can

help put in place a Right to Health Act that can ensure accountability and transparency in service provision. The next step of this scheme consolidation will be to improve financing of healthcare and the investment in human resources. With this broader perspective, Ayushman Bharat is the moral commitment that India has made for social justice and human rights. It sets out a boundary between the citizen and the State in epochal fashion – from dependency to empowerment based on rights. Incorporating equity, access and dignity in its design, the initiative addresses medical needs and embodies what constitutional democracies should do, equipping every life with equal value and care, regardless of socio-economic status.

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