

Original Article

“ONE NATION HEALTHY NATION” A STUDY ON PROTECTING HEALTH CARE FINANCING OF POOR AND RURAL HOUSEHOLDS UNDER MISSION 'VIKSIT BHARAT @2047

Dr. Jyoti Prakash Rath ^{1*} , Dr. Nisha Jain ²

¹ Lecturer, Department of Commerce, B.J.B. Autonomous College, Bhubaneswar, Odisha, India

² Assistant Professor, Department of Commerce, B.J.B. Autonomous College, Bhubaneswar, Odisha, India



ABSTRACT

Health Care can be seen as an important aspect in the mission of Viksit Bharat. It is the responsibility of Government both at States and Centre to provide adequate health care facilities to the citizens of the nation. Growing rate of health care services in last few years has raised the alarm even. Mission Viksit Bharat will certainly be accomplished with developed health care mechanism and facilities in the country. Central government of India has taken number of initiatives in the form of government sponsored health insurance schemes in last few years to protect the health care financing proposition of poor and rural households residing at different places in the country. This study is made to evaluate the contribution of Central Government of India towards protecting health care financing needs of poor and rural households in the country through government sponsored schemes. Data used in this research are generally collected from secondary sources i.e. Government Reports, Websites, Magazines, Journals and several other literatures available and accessible. There are different schemes issued for the general public as a protection shield against high health care expenditures such as ESI Scheme, CGH Scheme and Ayushman Bharat (includes both RSBY and PMJAY) by the central government. These schemes help the beneficiaries in availing medical treatment and other health care benefits from government and private hospitals without having the hardship of financing the same out of pocket. India is a country with more than 150 crores of population with a large number of poor and vulnerable families. Central Government are required to put in aggressive strategies towards revamping health care system prevailing in the country and to infuse more funds in health insurance schemes in years to come. This may certainly be helpful in reaching the goal of Viksit Bharat within the time frame providing all needed health care facilities to the citizens of our country.

Keywords: Viksit Bharat, Health Insurance, Government Sponsored Schemes, PM-JAY

INTRODUCTION

Marching forward with Hon'ble Prime Minister Shri Narendra Modi's vision to make India a developed Nation by 2047, the Government is deliberating on the preparation of the Action Plan and Vision Document of India@2047. The Government of India is in the process of finalizing a national vision plan to make India a developed nation by 2047 and ensure that the country doesn't slip into a middle-income trap that several countries have fallen into at similar stages of development. Prime Minister Narendra Modi is expected to unveil the plan once its ready. The plan would include an outline of reforms and outcomes to be achieved by 2030, along with structural changes in governance that will be critical to make India a \$30 trillion economy by 2047 with a per-capita income of \$18,000-20,000. The NITI Aayog is giving finishing touches to the plan called „Vision India@2047“ that has been in the works for

*Corresponding Author:

Email address: Dr. Jyoti Prakash Rath (lifeiscommerce84@gmail.com), Dr. Nisha Jain (drnishajain1234@gmail.com)

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almost two years and was presented to Cabinet Secretary Rajiv Gauba in October 2023. In November 2023, meetings were held with various stakeholders and think tanks such as Tim Cook, Sundar Pichai, Gautam Adani, Mukesh Ambani, K.M. Birla, N. Chandrasekharan and Indra Nooyi, for their insights. According to NITI Aayog Chief Executive Officer (CEO) B.V.R. Subrahmanyam "By December, we will have the draft version of the plan ready, and several States are also in the process of preparing their own road maps." The national plan also seeks to address regional cleavages in economic development and reforms of government processes. Health Care can be seen as an important aspect in the mission of Viksit Bharat. It is the responsibility of Government both at States and Centre to provide adequate health care facilities to the citizens of the nation. Growing rate of health care services in last few years has raised the alarm even. Mission Viksit Bharat will certainly be accomplished with developed health care mechanism and facilities in the country.

In the last one decade, expenditures incurred in availing health care services kept on increasing. It becomes mostly out of reach for the poor and rural households in our country. It is merely impossible for these group of people remained under below poverty line to avail better medical services due to the hardship of meeting high medical bills at standard hospitals. Financial condition of these people forced them to avoid availing health care services and to largely depend on the Primary Health Care Centre and Government Hospitals. Limited facilities, poor services and acute shortage of medical staffs and Doctors at this PHCs and Government Hospitals are the hindrances faced in the field of health care services all over the country. This loopholes and constraints in health care services are responsible for the poor health condition of people. It is evident from different health indicators like IMR, MMR and Death Rate etc. which is much higher than developing and developed countries across the globe. In this context, central government of India has taken number of initiatives in the form of government sponsored health insurance schemes in last few years to protect the health care financing proposition of poor and rural households residing at different places in the country.

OBJECTIVES

The present study is made with the primary objective:

- To evaluate the contribution of Central Government of India towards protecting health care financing needs of poor and rural households in the country through government sponsored schemes led towards the mission Viksit Bharat.

RESEARCH METHODOLOGY

Data used in this research are generally collected from secondary sources i.e. Government Reports, Websites, Magazines, Journals and several other literatures available and accessible.

HEALTH INSURANCE IN INDIA

It is a general perception of people that health insurance is a new concept while this is not the exact truth. The concept of Health Insurance came in to existence long back in the year 1948 with the introduction of ESI Act to protect the health care interest of the workers belonging to organized sector working in different factories or industries across the country. It is considered as the first ever "social security scheme" issued in our country for protecting health care needs of the people. The scheme covers various health care issues confronted by workers such as sickness, maternity, temporary or permanent disablement, Occupational disease or death due to employment injury, resulting in loss of wages or earning capacity-total or partial etc. Central Government has introduced Central Government Health Scheme in the year 1954 to provide comprehensive health care facilities to the central government employees and pensioners registered in this scheme. The first ever health insurance plan in the form of Medisclaim Policy was introduced in the year 1986 to protect the health care financing needs of people. In last one-decade, central government introduced number of health care schemes as an important tool for the poor and rural households towards payment of medical expenditures. All these schemes or Yojana of central government of India are aimed towards protecting health care needs of poor and rural people residing at different places of the country.

HEALTH INSURANCE SCHEMES SPONSORED BY CENTRAL GOVERNMENT OF INDIA

There are different schemes issued for the general public as a protection shield against high health care expenditures such as ESI Scheme, CGH Scheme and Ayushman Bharat (includes both RSBY and PMJAY) by the central government.

ESI SCHEME

The Employees' State Insurance Act, 1948 (ESI Act) was introduced at the floor of parliament as a major reform in the social security sector in India specially for the workers employed in different organizations. During this period, the country was highly dependent on import of different goods from foreign territories including both developed and developing countries. As per this act, Employee State Insurance Scheme came in to existence in the independent India. ESI Scheme started initially with the basic coverage of certain health care related expenses met by the workers out of pocket caused because of sickness, physical disablement

(temporary & permanent), maternity issues, occupational disease, death caused because of injury at work place etc. The primary objective of this scheme was to protect the health care needs of the workers as a social security scheme. It is also reflected in the Logo of ESIC "A Lighted Lamp" which symbolizes the ray of hope for the workers facing several health-related contingencies. In the last 72 years of its existence, ESIC has grown significantly towards attainment of the basic objective of meeting health care financing propositions of workers belonging to different organizations across the country. At present, 34 numbers of states and UTs covered under ESI Schemes across the country with 154 numbers of ESI Hospitals, 1500 Dispensaries and 148 ISM Units. As per the ESIC Annual Report 2017-18, there were more than 10 lakhs employees employed at different sectors covered under this scheme.

CENTRAL GOVERNMENT HEALTH SCHEMES

Central Government Health Scheme is a mile stone in the field of health care system of our country. It was introduced in the year 1954 to provide comprehensive health care facilities to the employees and pensioners working under central government. It becomes essential for all such people to register for availing the benefits of CGH Scheme. It helps in meeting the healthcare needs of all eligible beneficiaries from different fields like Legislature, Judiciary, Executive and Press. It is considered as a new model of Health Care system designed exclusively as a health care cover for both present employees and pensioners of the central government. It covers large numbers of beneficiary with a open ended generous approach of providing health care benefits. At present, around 35 lakh beneficiaries are covered under this central government sponsored health care scheme in 71 different cities across the country with certain plans to cover more cities in this regard by Central Government of India. There is different medication systems provided under CGH Scheme such as Allopathic, Homoeopathic, Indian system of medicine, Ayurveda, Unani, Siddha and Yoga.

HEALTH CARE FACILITIES PROVIDED UNDER CGH SCHEME

- OPD Treatment including issue of medicines.
- Specialist Consultation at Polyclinic/Govt. Hospitals.
- Indoor Treatment at Government and Empanelled Hospitals.
- Tests and diagnoses made at Empanelled Diagnostic centres recognized by the Government.
- Cashless facility option made available at network hospitals and diagnostic centres for the beneficiaries.
- Provisions of reimbursement of medical expenses for availing treatment in Government or Private Hospitals in emergency situations.
- Medical bills due to purchase of hearing aids, artificial limbs, appliances etc. are reimbursed to the beneficiaries as per the specified limit.
- Provides cover for Family Welfare, Maternity and Child Health Services.

Provides health care benefits in the form of medical consultation, Ayurveda, Homeopathy, Unani and Siddha system of medicines (AYUSH) treatments.

RASHTRIYA SWASTHYA BIMA YOJANA

RSBY is a government sponsored health insurance scheme launched in the year 2008 by Ministry of Labour and Employment, Government of India (GoI) exclusively for the people remain below poverty line in the country popularly known as BPL population. The fundamental objective of this scheme is to protect the health care financing need of the poor BPL households. This scheme has mostly financed (around 75%) by the GoI, while the remainder has shared by the concerned state governments. With some exceptions, contribution of Central Government is the highest contribution with 90 percent in case of North-eastern states and Jammu and Kashmir. All the beneficiaries covered under RSBY Scheme are to pay a very minimum amount for registration i.e. only Rs. 30/-. It is pertinent here to note that amount so collected as registration fees from beneficiaries are used for meeting various administrative expenses incurred during implementation of the scheme.

BENEFITS OF RSBY SCHEME

Following are the basic benefits offered under RSBY Scheme:

- An insured amount of up to a maximum of Rs.30,000 per year during hospitalization of the insured on family floater basis.
- Coverage includes for diseases specified under the plan;
- Pre-existing diseases are covered from the date of enrolment under the scheme;
- No age limit for the beneficiaries;

- A maximum of 05 persons from a Family can be covered under this scheme including the insured, spouse and a maximum up to three dependents.
- Transport expenses of Rs 100/- subject to a maximum of Rs 1,000/- per annum per family is given during hospitalization.

AYUSHMAN BHARAT

Ayushman Bharat, a new model of health care scheme launched by the Government of India as per the recommendation of National Health Policy in the year 2017. The primary objective of this flagship scheme of central government is to achieve the vision of Universal Health Coverage (UHC). It is further aimed towards reaching Sustainable Development Goals (SDGs) with its fundamental ideology, "leave no one behind." It can be seen as a welcome initiative taken by the central government switching from sectoral and segmented based approach of health care service delivery to a comprehensive need-based health care system countrywide. It is based on rigorous health care system consists of two inter-related dimensions;

- 1) Health and Wellness Centres (HWCs) and
- 2) Pradhan Mantri Jan Arogya Yojana (PM-JAY).

1) Health and Wellness Centres (HWCs)

Government of India has created In February 2018; the Government of India announced the 1.5 Lakh numbers of Health and Wellness Centres (HWCs) across the country in the month of February 2018. These centres are the converted and transformed version of existing Sub Centres and Primary Health Centres (PHCs) to ensure effective and comprehensive These centres are dealt in providing comprehensive Primary Health Care (CPHC) to the people at their door step. These centres provide intensive coverage for maternal and child health care services, non-communicable diseases, free essential drugs or medicines and diagnostic services. These centres are held accountable for

2) Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Pradhan Mantri Jan Arogya Yojana is a popular name among the people across the country as PM-JAY. This scheme was introduced on 23rd September, 2018 as a dedicated health care plan for protecting poor and rural households. Ayushman Bharat PM-JAY scheme is claimed to be the largest health assurance scheme in the world. The primary target of this central government sponsored scheme is to provide health care cover of Rs. 5 lakhs per family per year. Government has made plans to provide secondary and tertiary care hospitalization to more than 10 crore poor and vulnerable households in the country at a estimated number of around 40% of the total population. Beneficiaries are selected on the basis of deprivation and occupational criteria determined as per Socio-Economic Caste Census 2011. PM-JAY is the revised and renovated version of National Health Protection Scheme (NHPS) that subsumed Rashtriya Swasthya Bima Yojana (RSBY). Therefore, beneficiaries selected and enrolled under PM-JAY also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

KEY FEATURES OF PM-JAY

- Claimed as the largest health insurance scheme of the world
- Coverage of Rs 5 Lakh per family per annum
- Covers more than 10 Crores poor families
- Provides cashless options to the beneficiaries
- Covers pre and post hospitalization expenses up to a specified limit
- No restriction what so ever imposed on family size, age or gender of beneficiaries
- No Waiting period and covers all types of pre-existing diseases from the date of availing the policy
- Policy portability options available for the beneficiaries across the country
- Provides for 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.
- Reimbursement of health care expenditures to the public hospitals at par with the private hospitals.

TREND OF HEALTH INSURANCE BUSINESS IN INDIA

Government sponsored health insurance schemes are considered as the protection shield for the poor and rural households in India. In the last five years, central government has taken numbers of steps in revamping health care system existed in the country through different beneficial health insurance schemes as discussed in the above paragraphs. An attempt has made to portray the trend of health insurance business in India in order to showcase the contribution of Government Sponsored Health Insurance Schemes in the country.

Table 1 (Rs in Crore)

Table 1 Health Insurance Business in India					
Market Share	2019-20	2020-21	2021-22	2022-23	2023-24
Government Sponsored Health Insurance	4290	4290	6075	8480	10513
Group (Not sponsored by Government)	25880	28108	36890	46245	55666
Individual Health Insurance	19956	25839	30085	34765	41501
Total	50756	58237	73050	89490	107680

Source IRDA Annual Reports

The above table exhibits a picture of market share covered by different types of health insurance schemes basically grouped in to three categories such as Government, Group and Individual. In this segment, market share of government sponsored schemes are stood at an average of 20.25% in last five years. It is expected to improve with the introduction of Ayushman Bharat Yojana by central government still lot to come in this sector.

Table 2 (No. in Lakh)

Table 2 Number of Insured Under Health Insurance Plans					
No. of Persons Covered	2019-20	2020-21	2021-22	2022-23	2023-24
Government H.I. Plans	3619	3429	3065	2977	2611
Group H.I. Schemes (Other than Govt.)	935	1186	1622	1993	2559
Individual Health Plans	432	531	516	528	558
Total	2880	3590	5203	5498	5728

Source IRDA Annual Reports

Table 2 shows that government sponsored health insurance schemes cover many lives in comparison to other form of plans. It is mainly because widespread coverage of the said scheme and high number of beneficiaries. But it fails to retain a major market share due to the limited volume of investment. Central government should give more emphasis on developing its existing health insurance schemes by infusing more funds and even taking the help of private insurance companies. Ayushman Bharat can be a game changer in this segment in future years to come.

CONCLUSION

At present, Health Insurance can be considered as the growing field in the insurance sector. Lack of awareness and poor financial position are the major hindrances responsible for creating distance between poor and vulnerable households in the country and Health Insurance. Central Government has taken several steps to protect the lives of poor people thorough government sponsored health insurance schemes. These schemes help the beneficiaries in availing medical treatment and other health care benefits from government and private hospitals without having the hardship of financing the same out of pocket. India is a country with more than 150 crores of population with a large number of poor and vulnerable families. Central Government are required to put in aggressive strategies towards revamping health care system prevailing in the country and to infuse more funds in health insurance schemes in years to come. This may certainly be helpful in reaching the goal of Viksit Bharat within the time frame providing all needed health care facilities to the citizens of our country.

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