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# Re-Anchoring India's Public Health Architecture to People

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# Re-Anchoring India's Public Health Architecture to People

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## WHY IN NEWS

On June 8, 2026, West Bengal joined Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (<https://ujjyari.com/schemes/pmjay/>) (AB PM-JAY), becoming the 36th and last state/Union Territory to implement the scheme. With this, the world's largest publicly funded health-assurance programme now covers every state and UT in the country, completing a national footprint nearly eight years after the scheme's launch. The milestone has revived a deeper policy debate: whether India's health-system narrative is drifting from a population-based public-health model toward an individual-wellness and digital-records model, and whether brick-and-mortar primary care is being under-resourced in the process.

## THE TWO PILLARS OF AYUSHMAN BHARAT

Ayushman Bharat, announced in the 2018 Union Budget, was conceived not as a single scheme but as a **two-pillar architecture** designed to move India toward Universal Health Coverage (UHC). Understanding this dual structure is essential, because public discourse often collapses the entire programme into the insurance card alone.

### Pillar 1, Health and Wellness Centres (Ayushman Arogya Mandirs)

This is the **primary-care pillar**, the foundation of the pyramid. The earlier network of Sub-Health Centres and Primary Health Centres is being upgraded into Health and Wellness Centres, rebranded in 2023 as **Ayushman Arogya Mandirs (AAMs)**. Their mandate (<https://ujjyari.com/vocab/mandate/>) is to deliver **Comprehensive Primary Health Care (CPHC)** close to the community, free of cost, including:

- Care in pregnancy and childbirth, neonatal and child health
- Management of communicable diseases (TB, malaria, HIV)

- Screening, prevention and control of **non-communicable diseases (NCDs)** such as hypertension, diabetes and three common cancers
- Free essential drugs and diagnostic services
- Wellness activities such as yoga and health promotion

This pillar embodies the **population-health logic**: prevention, early detection and primary care delivered at scale, where most disease burden can be averted cheaply.

## Pillar 2, Pradhan Mantri Jan Arogya Yojana (PM-JAY)

This is the **financial-protection pillar**, the insurance/assurance layer that shields poor and vulnerable families from catastrophic hospitalisation costs.

FEATURE	DETAIL
Launch	September 23, 2018
Cover	Rs 5 lakh per family per year (secondary and tertiary hospitalisation)
Model	Health assurance (government-funded), not contributory insurance
Family size	No cap on family size or age
Beneficiary basis	Deprivation and occupational criteria (SECC 2011)
Portability ( <a href="https://ujjiyari.com/vocab/portability/">https://ujjiyari.com/vocab/portability/</a> )	Cashless and paperless treatment across India, public and empanelled private hospitals
Vay Vandana extension	All citizens aged 70 and above eligible (irrespective of income), with an additional Rs 5 lakh top-up cover for the senior-citizen segment
Implementing body	National Health Authority (NHA)
Latest milestone	West Bengal joined June 8, 2026, the 36th and last state/UT

The **Vay Vandana** expansion universalised the senior-citizen **entitlement** (<https://ujjiyari.com/vocab/entitlement/>): every Indian aged 70+, regardless of socio-economic status, can now access AB PM-JAY cover, marking a shift from purely poverty-targeted coverage toward age-based universalism for the elderly.

## ABHA VS AYUSHMAN CARD VS ABDM, CLEARING THE CONFUSION

A persistent source of public confusion is conflating the **digital health ID** with the **insurance entitlement**. They are distinct instruments serving different functions.

INSTRUMENT	WHAT IT IS	FUNCTION	WHO GETS IT
<b>Ayushman Card</b> ( <a href="https://ujiyari.com/schemes/ayushman-card/">https://ujiyari.com/schemes/ayushman-card/</a> ) ( <b>PM-JAY card</b> )	An <b>entitlement card</b>	Proves eligibility for the Rs 5 lakh cashless hospitalisation benefit under PM-JAY	Eligible families (deprivation criteria) and all citizens aged 70+
<b>ABHA (Ayushman Bharat Health Account)</b> ( <a href="https://ujiyari.com/schemes/abha/">https://ujiyari.com/schemes/abha/</a> )	A <b>14-digit digital health ID</b>	Links and stores a person's longitudinal digital health records; enables consent-based sharing across providers	<b>Any citizen</b> can create one voluntarily, regardless of PM-JAY eligibility
<b>ABDM (Ayushman Bharat Digital Mission)</b> ( <a href="https://ujiyari.com/schemes/ayushman-bharat-digital-mission/">https://ujiyari.com/schemes/ayushman-bharat-digital-mission/</a> )	The <b>digital ecosystem/mission</b>	The umbrella infrastructure (health ID, registries, health information exchange) that creates the digital backbone for health services	Nation-wide infrastructure, not an individual benefit

The crucial takeaway: **an ABHA number is not health insurance**. Having an ABHA does not entitle a person to the Rs 5 lakh cover, and having an Ayushman card does not by itself create a digital health record. Many citizens mistakenly believe creating an ABHA enrolls them in PM-JAY; it does not.

## THE POPULATION-HEALTH VS INDIVIDUAL-WELLNESS DEBATE

The completion of the PM-JAY rollout has been accompanied by a strong policy push on the **digital and individual-wellness** axis: ABHA creation drives, tele-consultation, wellness apps and personal health records. Critics caution that this risks an **inversion of priorities**.

- **Population-health model:** Treats health as a public good. Invests in sanitation, immunisation, disease surveillance, nutrition and accessible primary care, interventions whose benefits accrue to the whole community and which prevent disease at source.
- **Individual-wellness/digital model:** Centres on the individual citizen managing personal health data, lifestyle and demand-side records. Useful and modern, but it cannot substitute for supply-side public infrastructure.

The concern is that a compelling **digital narrative can mask under-investment in physical primary care**, staffed sub-centres, drugs, diagnostics and human resources for health. A digital health ID is of limited value to a citizen whose nearest functional health centre lacks a doctor, medicines or a diagnostic lab.

## The Spending Gap

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INDICATOR	STATUS
India's public health spend	~2% of GDP
National Health Policy 2017 target	2.5% of GDP (by 2025)
NHP 2017 primary-care allocation goal	Two-thirds of public health spending on primary healthcare
Out-of-pocket expenditure (OOPE)	Historically the largest share of health spending in India, a key driver of impoverishment

India's public health expenditure remains around **2% of GDP**, well short of the **2.5% target** set by the National Health Policy, 2017. High **out-of-pocket expenditure (OOPE)** continues to push families into poverty each year. PM-JAY reduces catastrophic *hospitalisation* costs, but a large share of OOPE arises from **outpatient care, medicines and diagnostics**, precisely the domain of primary care that insurance does not cover. This is why strengthening Ayushman Arogya Mandirs is the structural complement to PM-JAY, not an optional extra.

## Universal Health Coverage (UHC)

UHC means all people can access the quality health services they need **without suffering financial hardship**. It rests on three dimensions: who is covered (population), what services are covered (range), and how much of the cost is covered (financial protection). PM-JAY advances the financial-protection dimension for hospitalisation; AAMs advance the population and service dimensions. **True UHC requires both pillars to be funded together**, not one celebrated while the other is starved.

## ANALYSIS AND WAY FORWARD

The universalisation of PM-JAY across all 36 states and UTs is a genuine achievement of cooperative federalism (<https://ujjiyari.com/terms/cooperative-federalism/>) and financial protection. The task now is to **re-anchor the architecture to people, not just to platforms**.

- **Raise public health spending toward 2.5% of GDP**, with the NHP-mandated two-thirds going to primary healthcare, so that the demand-side card is matched by supply-side capacity.
- **Treat the digital push as an enabler, not the goal**. ABDM and ABHA should reduce friction and improve continuity of care, but enrolment metrics must not become a **proxy** (<https://ujjiyari.com/vocab/proxy/>) for health outcomes.
- **Strengthen Ayushman Arogya Mandirs** with assured human resources for health, free drugs and diagnostics, and robust NCD screening, so that prevention reduces the downstream demand for costly hospitalisation.

- **Reduce out-of-pocket expenditure on outpatient care** through free essential medicines and diagnostics at the primary level, addressing the largest unprotected component of household health spending.
- **Use PM-JAY data and ABDM registries** for population-health planning, disease surveillance and equity audits, ensuring the digital backbone serves public-health goals.

A health system measured only by cards issued and IDs created risks confusing **coverage on paper with care in practice**. The next phase of reform must convert near-universal enrolment into near-universal access to quality care.

## UPSC RELEVANCE

- **GS Paper 2 (Governance, Social Justice):** Government welfare schemes for vulnerable sections; issues relating to development and management of the **health sector**; mechanisms, laws, institutions and bodies constituted for protection and betterment of these sections.
- **Mains angle:** “Insurance-led financial protection cannot substitute for investment in primary public health.” Critically examine in the context of Ayushman Bharat’s two pillars.
- **Prelims angle:** Distinguish ABHA, Ayushman card and ABDM; know PM-JAY cover amount, launch year, implementing authority (NHA), Vay Vandana 70+ extension, and the NHP 2017 spending target.
- **Linkages:** Universal Health Coverage and SDG-3 (Good Health and Well-Being); National Health Policy 2017; out-of-pocket expenditure and impoverishment; cooperative **federalism** (<https://ujjyari.com/terms/federalism/>) in scheme implementation.

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**PM-JAY:** World's largest health-assurance scheme; provides Rs 5 lakh per family per year for secondary and tertiary hospitalisation; launched September 23, 2018; implemented by the National Health Authority (NHA).

West Bengal joined AB PM-JAY on June 8, 2026, becoming the 36th and last state/UT to do so, completing nationwide coverage.

**Vay Vandana:** AB PM-JAY extended to all citizens aged 70 and above, irrespective of income.

**ABHA vs Ayushman card:** ABHA (Ayushman Bharat Health Account) is a 14-digit digital health ID for storing health records; the Ayushman card is the entitlement card for the Rs 5 lakh insurance cover. They are not the same. ABDM (Ayushman Bharat Digital Mission) is the digital-infrastructure umbrella.

**Ayushman Arogya Mandirs:** The rebranded Health and Wellness Centres, the primary-care pillar delivering Comprehensive Primary Health Care free of cost.

**National Health Policy 2017:** Targets public health spending of 2.5% of GDP; current spend is around 2% of GDP. NHP also targets two-thirds of public health spending on primary care.

**OOPE:** Out-of-pocket expenditure remains a major driver of health-related impoverishment, largely arising from outpatient care, medicines and diagnostics.

*Sources: National Health Authority (<https://nha.gov.in>), Ministry of Health and Family Welfare (<https://mohfw.gov.in>), The Hindu (<https://www.thehindu.com>)*

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